

Joint MPH Program

University of Gonder and Addis Continental institute of Public Health

**Assessment of the prevalence and
determinants of premarital sexual practice
and unprotected sex among high school
students in Addis Ababa.**

By ENDALE BERHANU

Advisors

Dr. Haimanot Ambelu and Dr. Alemayehu Worku

*A THESIS SUBMITTED TO THE SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF
GONDER, IN PARTIAL FULFILMENT OF THE REQUIRMENTS FOR THE DEGREE OF
MASTER S IN PUBLIC HEALTH.*

JUNE 2009

Acknowledgements

My acknowledgement goes to Gonder University & Addis continental Institute of Public Health (ACIPH) who created this golden opportunity to study MPH programme which is the first in kind. I thank Addis Ababa city council education bureau, the sub city education offices for their support. My appreciation also goes to the 25 high school administrations, teachers and students who were actively participating in the research. I want to say thank you for AIDS resource centre for duplicating all my questionnaires and their help in data entry. Special thanks go to Ato Gashaw who was facilitating the support. I also appreciate Bethezatha Medical centre for financial support and allowing smooth schedule in the days of the research. Sera wit Multimedia Adolescent health promotion department should take great thanks for the financial contribution. I want to thank my advisors Dr.Haimanot Ambelu and Dr.Alemayehu for their support in the research work. I appreciate the concern and technical support given by Henock and Frehiwot from IT department of ACIPH. Finally I want to thank Dr. Dereje Habte and all my family members for their great support without their support I wouldn't succeed so far.

Table of contents

Acknowledgments	I
Table of contents	II
List of tables and figures	III
List of abbreviations	IV
List of annex	V
Abstract	VI
1. Introduction-----	1
2. Literature review-----	4
3. Objective-----	10
4. Methodology-----	11
5. Result-----	17
6. Discussion-----	45
7. Limitation -----	50
8. Conclusion-----	51
9. Recommendation -----	52
10. References-----	53
11. Annex. -----	56

List of tables and figures

1. Table1: Total number of high schools in Addis Ababa in the year 2008-----	11
2. Table 2: Socio demographic Characteristics of Addis Ababa High school students participating in the study April 2009-----	18
3. Table3: Description of parents of the study population of Addis Ababa High school students participating in the study April 2009-----	19
4. Table 4: Distribution of non sexual behaviour among high school students of Addis Ababa April 2009-----	23
5. Table 5: Profile of sexual initiation, condom use among sexually active high school students in Addis Ababa April 2009-----	27
6. Table 6: Profile of condom use among sexually active high school students in Addis Ababa April 2009-----	28
7. Table7: Profile of high school students in Addis Ababa who had sex in the last six months and their intension to use condom April 2009-----	30
8. Table8: multiple logistic regressions predicting the odds of sexual activity among students of Addis Ababa High schools by socio demographic characteristic April 2009-----	31
9. Table 9: Logistic regression showing the odds of sexually activity in Addis Ababa high schools by sexual behaviour, attitude and non sexual behaviour April 2009-----	33
10. Table10: logistic regression showing the odds of sexually activity in Addis Ababa high schools by their closeness to family and school and service April 2009-----	34
11. Table 11: Multiple Logistic regression predicting the odds of condom use by socio demographic factors of AA high school students-----	36
12. Table 12: Multiple Logistic regression predicting the odds of condom use by knowledge and other non sexual behaviour of AA high school students April 2009-----	37
13. Figure 1: sampling scheme of AA High schools-----	(13)

List of abbreviations

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immune Deficiency Virus
ACIPH	Addis Continental Institute of Public Health.
RH	Reproductive Health.
STI	Sexually Transmitted Infection
ARC	AIDS Resource Centre
ABC	Abstinence, Be faithful to one partner, Condom use.
TEVT	Technical and Vocational Training
IYS	In School Youth
CSA	Central Statistical Authority
CI	Confidence Interval
FGD	Focus Group Discussion

List of Annex

Annex 1 English self administered questionnaire.

Annex2 English FGD and In-depth interview Topic guide.

Annex3 Amharic questionnaire.

Annex4 Amharic focus group and in-depth interview topic guide line.

Annex5 Consent form for self administered questionnaires.

Annex6 Consent form for FGD and In-depth interview.

ABSTRACT

Introduction: HIV /AIDS has taken 25 million lives since its existence 27 years ago. About two point three percent of Ethiopian adults age 15-49 are infected with virus. Youth with secondary or higher education are much more likely than those with less schooling to have engaged in higher-risk sex. Early onset of sexual intercourse is associated with increased lifetime prevalence of sexual partners, thereby increasing the risk exposure to sexually transmitted diseases and HIV/AIDS.

Objective: To asses the magnitude and determinants of premarital sexual practice and use of condom in high school students of Addis Ababa.

Methods: A cross-sectional study using both quantitative and qualitative data collection method has been conducted from April-June 2009. Three thousand eighty nine students from 23 high schools filled a pre- tested questionnaire .Eight focus group discussions and 2 in-depth interviews with male and female students, teachers and HIV club members has been done to enrich the quantitative data.

Results: Twelve point two percent of the high school students (n=378) reported that they had sexual intercourse. Out of these students 303 (80.2%) were male. Among males the sexual practice was 19.6% and among females it was 4.8%. The average age of sexual initiation was 15.8 years (SD±2.6). The most common factors encouraged their first sex were Personal interest 46.6% (176); Getting money 36.4 %, Films 23.1% ; Friends pressure 4.7%. In the qualitative study it was mentioned that age, peer pressure ,poverty, modernization, recreational programmes in schools were factors which lead to premarital sexual practice. Environment around schools is said to be the main factor predisposing the students to sexual practice (61.5%). This fact has been supported by the qualitative study stating Business centres around schools, G- (girls) business group ,shish a ,hashish, pool ,video houses and bars are playing major role.

In the multivariate analysis the outcomes which were associated with a higher risk of having premarital sexual practice were being Male AOR=2.6 (CI=1.7-4.0) ; increasing age AOR= 2.58 (1.61-4.13), 9.78 (3.36-28.41) for age group 17-20 and grater than 21 years compared to age 13-16; knowledge score $\geq 75\%$ (AOR=2.4(CI=1.67-3.33); disagreeing girls should be virgin until marriage AOR=2.32 (CI=1.1- 4.97);smoking cigarette and use drug AOR=2.67 (1.67-4.26); 2.34 (1.43-4.10) respectively. The outcomes which were associated with a lesser risk of having premarital sexual practice were believing none of female or male friends have had sex AOR=0.367(CI=0.18-76), 0.19(.06-.57) compared to believing most have had sex. The outcomes associated with abetter chance of condom use were age group 17-20 years AOR=2.2(1.2-4.2); to be in a private school AOR=2.2(1.14-4.4) compared to government school. Having very strong intention to use condom had four times higher chance to use condom than those with no intention AOR=4.2(CI=2.5-6.98); those who are happy about the RH service of their school had 2.8 times more chance to use condom than those who are unhappy AOR=2.84(1.13-6.99).

Conclusion and Recommendation: A Considerable number of AA high school students practice premarital sexual practice .There are different factors predisposing the students to premarital sexual practice and poor use of condom hence predisposition to HIV .To change the existing situation I recommended implementing the existing Adolescent health strategy with emphasis to in school youth. To give regular education on sexuality, HIV/AIDS and STD prevention, substance abuse and life skill development specially to grade 9 and 10students.Strict control on the environment around high schools which is predisposing the youth to premarital sexual practice and substance abuse. Government mass- media should be used in a regular manner to educate as well as share life experience to in-school youth .Strong work should be done to create a culture of discussion among students and parents in reproductive health issues and sexuality which is a taboo in our society. Different stakeholders working on High schools should integrate their work to make their effort produce significant impact in the lives of the high school students who are the hope of this country.

INTRODUCTION

Background and statement of the problem

HIV /AIDS is a major global health problem .Unknown 27 years ago, HIV has already caused an estimated 25 million deaths worldwide and has generated profound demographic changes in the most heavily affected countries(1). On a global scale, the HIV epidemic has stabilized, although with unacceptably high levels of new HIV infections and AIDS deaths. Globally, there were an estimated 33 million people living with HIV in 2007 and the annual number of new HIV infections was 2.7million .Overall 2.0 million people died due to AIDS in the same year. Sub-Saharan Africa is home to 67% of all people living with HIV (1).

Young people aged 15–24 account for an estimated 45% of new HIV infections worldwide (1).At the first-ever Special Session on HIV/AIDS of the United Nations General Assembly (UNGASS) in 2001, UN Member States strengthened the response to Millennium Development Goal 6 by unanimously endorsing the Declaration of Commitment on HIV/AIDS. The Declaration of Commitment established a target of reducing HIV prevalence by 25% in young people (ages 15–24) in the most affected countries by 2005. To assess progress towards this goal,35 high-prevalence countries (with national prevalence that exceeded 3%) and four additional countries in Africa with notable prevalence levels were asked to compile data on recent trends in HIV and sexual behaviour among young people. Among the 35 high prevalence countries, 19 countries conducted national surveys between 1990 and 2007 that provided sufficient comparative data to assess sexual behaviour trends. The percentage of both young women and men (ages 15–19) that became sexually active before their 15th birthday declined in seven countries, but increased in Haiti and Rwanda. The proportion of both young women and men (ages 15–24) who had more than one partner in the previous 12 months decreased in 10 countries and remained unchanged in one, but increased among young women in two countries and among young men in one. Condom use has

increased among young people. Although observed changes in behaviour are not statistically significant in every instance, overall trends show that reductions in risky behaviour have been occurring in several countries. (1).

Heterosexual intercourse remains the epidemic's driving force in sub-Saharan Africa. Today, for every two people who start taking antiretroviral drugs, another five become newly infected. Unless we take urgent steps to intensify HIV prevention we will fail to sustain the gains of the past few years, and universal access will simply be a noble aspiration (1). Numerous channels exist to educate young people about HIV, to ensure their access to prevention commodities and health services, and to encourage them to take steps to avoid HIV transmission.

HIV and AIDS have been a threat to Ethiopia since the mid-1980s and different efforts have been put in place to alleviate the problem (2). Recent results from the 2005 EDHS indicate that 2.2 percent of Ethiopian adults age 15-49 are infected with HIV .The national HIV and AIDS prevention strategy in Ethiopia emphasizes the provision of regular and adequate information on HIV and AIDS and distribution of condoms among young people with the aim of lowering vulnerability and risk (2). However, the prevalence among young adults is high. The most common mode of transmission of HIV in Ethiopia is through unprotected sex with an infected person. To prevent HIV/AIDS transmission, it is important that young people practice safe sex through the much-advocated ABC method (abstinence, being faithful to one uninfected partner, and condom use) (4). Early onset of sexual intercourse is associated with increased lifetime prevalence of sexual partners, thereby increasing the risk exposure to sexually transmitted diseases, including HIV/AIDS, and pregnancy. Early sexual debut also increases the risk of HPV infection, due to cervical immaturity; and thus the risk of cervical cancer increases (5). In many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the wider spread of HIV and other STI s because if a younger, uninfected partner has sex with an older, infected partner, the younger, uninfected partner can contract the virus. Sexual intercourse when one or

both partners are under the influence of alcohol is more likely to be unplanned than otherwise, and the partners are less likely to use condoms. Young people may believe there are barriers to accessing and using many health services and facilities, particularly for sensitive concerns relating to sexual health, such as sexually transmitted infections like HIV/AIDS.

Justification of the study

The research was done because of many reasons. In Ethiopia the adolescent and youth comprises of large number of the population (20.6%) CSA 2007. Significant number of adolescents and youth are affected by HIV/AIDS (2). The youth is the hope of the country specially the one which is going to be the educated part which will take the future responsibility .Knowing behaviour and the risk factor in the adolescent and youth will help to identify strategies to prevent the cause. The magnitude of premarital sexual practice and condom use reflects the level of HIV exposure risk in this group and tells us what intervention is lacking if there is a trend in risky behaviour. Youth with a secondary or higher education are much more likely than those with less schooling to have engaged in higher-risk sex, particularly among young women. Urban youth are considerably more likely than rural youth to have engaged in risky sexual behaviour. Addis Ababa and Dire Dawa stand out as regions with the highest proportions of youth reporting that they have engaged in higher-risk sex (4).As Addis Ababa is densely populated and the number of high schools are many and there are many challenges in the urban area like expensive life style, increased number of people, increased stress the presence of substance abuse, like khat and drugs. Although there are studies done in high school students most of them are outside Addis Ababa and the one done in Addis Ababa were done before 4 years .The BSS study done in2005 nation wide doesn't focus on Urban High schools and lacks observing sensitive issues. We think because of the reasons mentioned above there is a need to do recent studies in Addis Ababa High schools.

2. LETREATURE REVIEW

2.1 Prevalence of pre-marital sexual activity and age of sexual initiation in different settings

One of the largest studies done on sexual behaviour of the youth is the one done in the Behavioural Surveillance Survey(BSS)II which was conducted in 2005 in all regions of Ethiopia. In the study a total of 16,253 ISY (in school youth) were participated .Interviewees were asked if they had ever had sexual intercourse with an individual of the opposite sex, and 9.9% were found to have had sexual experience. Disaggregated by sex, 14.6% of males had had sex compared to 5.3% of females. Of those that had ever had sex, 40.6% had had sex at or before the age of 15. Amongst those who had ever had sex, more males than females (44.5% vs. 30%) were sexually active at or before the age of 15(3). The median age of sexual debut (first sex) among those who were sexually active was 16 years for both sexes (3). In a study done on premarital sexual practice among school adolescents in Nekemt town East Wollega 21.5% of the participants had premarital sexual practice with mean age of 16 years(7). In a study done in 2000 to explore the patterns and socio- demographic correlates of sexual initiation and subsequent risk behaviour and condom use among secondary school youth across Ethiopia .A total of 1,102 students from five urban schools in Baherdar ,Desse ,Awasa, Jimma, and Dreddawa and surveyed about their sexual and preventive behaviour and one third (33.3%)of the participants reported having sexual intercourse at least once prior to the study . Compared to males(45.4%) females were less likely to be sexually active(19.8%). The age of sexual debut ranged from 10-20 years, with mean age of 15.32 years (8). A similar study conducted on 360 Agaro high school students in feb2001 showed that from the study population 90 (25%) of them had history of sexual intercourse prior the study period . The average age of the first coitus was 16.74 years(10).In a study done to know the sexual behaviour and level of awareness on reproductive health among youth in Harar half of the male participants and one fifth of the female participants reported that they have sexual intercourse .With the mean age of 16.9 years at first intercourse males becoming sexually active earlier(11).In a similar study done in the northern distinct of Addis Ababa in 1998 average age at sex debut was found to be16.7 years (12).In cross sectional study done on 383 secondary school students in kola deba town of North Gonder in 1994 the sexual activity was found to be 122(31.9%)of these 44 were female. The mean age of sexual commencement was 16.4years (13).

A study done on 2,070 never-married Nigerian adolescents aged 15–19 years in 2005a fifth of respondents (18% males; 22% females) were sexually experienced. The median age of sexual debut was slightly but not significantly lower for males (15 years) compared to females (16 years) (14).

In across sectional survey done to know the Sexual behaviour and experience of sexual coercion among secondary school students in three states in North Eastern Nigeria in 2004 thirteen percent of the entire students had had sexual experience; significantly more males (19%) than females (6%) had done so ($p < 0.001$). Among boys the age at sexual debut ranged from 10–26 with a mean of 15.7 and median of 16. By contrast, the age at first sex among girls ranged from 10 to 18 years with a mean and median of 16.1 and 17 years respectively (15). In a another study done in 2000 among school students in Nigeria 34% of the students were sexually active (16). In a study aiming to know harmful lifestyles' clustering among sexually active in-school adolescents in Zambia a study was conducted by secondary analysis of the Zambia Global School-Based Health Survey (GSHS) 2004; 13.4% reported that they had sexual intercourse in the past 12 months prior to the survey; 16.4% and 9.7% among males and females respectively (17). In a study done to assess the premarital sexual intercourse among adolescents in Malaysia in 2001, 4500 adolescent students aged 12-19 years; 5.4% of total samples were reported to have had sexual intercourse the proportion among males who had had sex was 8.3% compared with 2.9% of females (19).

2.2 Reasons for initiation premarital sex.

In the BSS study the commonest reasons for starting sex were personal desire (67.1%) and peer pressure (19.3%). A considerable proportion of females (15.3%) reported that they were forced into first sex (3). In different studies we can see different reasons: personal wish in 58 (56%) and partner influence in 35 (32%) of the never-married youth (9); maintaining a relation with male partner (51%), for the sake of passionate love (45.8%), and to overcome loneliness (40%) (12). Some were tricked into having sex 11%, and 5% reported rape (15).

2.3 Patterns of sexual practice and prevalence of high risk sexual behaviour.

In the BSS study with respect to age of their first sexual mate, about half of the males said their first sexual partner was close to their own age, and 28.4% said she was younger. The first sexual partners of the majority of females (59.2%) were 1-5 years older. A further 19.5% and 7.3% said they were close to their age or more than 10 years older, respectively. While more ISY males than females (5.4% vs. 1.4%) were engaged in sex with commercial partners, sex with non-commercial partners was more common among females (96% vs. 94.5%) (3). Among those who had had sex during the previous 12 months, 22.7% (31.2% of males and 2.7% of females) reported having had sex with more than one partner. Males were 12 times more likely to have had more than one sexual partner than females (3). The first partners said to be students 69(30.1%), teachers 14(6.5%), officeworkers 39(18.2%), merchants 48(22.3%) (12). Patterns during initiation were with commercial sex workers (5.8%) and casual partners (3.3%) (8).

Regarding the nature of their partner 57(46.7%) claimed to have had intercourse with fellow students, 35(28.7) with their spouse, 10(8.2) with commercial sex workers, 2(1.6%) both with students (13).

Among ISY that had ever had sex, 43.1% (45.2% of males and 37.3% of females) had used condom. Males were 1.4 times more likely than females to have used condom during their first sex (95% CI=1.1, 1.7). Amongst those who had had sex with commercial partners during the previous 12 months, 82.1% had used a condom at their last sexual encounter. The commonest reasons mentioned for the non-use of condoms were fear that condoms would reduce sexual pleasure and that the individual didn't think of it (each 40%). Amongst ISY that had had sex with non-commercial sexual partners during the previous 12 months, 52.7% (57.2% of males and 41.1% of female) had used condom during their last sexual encounter. The commonest reason for non-use of condom with a non-commercial partner was partner trust (48.6%). Consistent use of condoms with a non-commercial sexual partner during the preceding 12 months was reported by 41.8% of ISY (46.3% of males and 30.4% of females). To assess the extent of condom use from the beginning of sexual exposure, respondents age 15-24 were asked whether they had used condoms the first time they had sex. only 1 percent of young women and 17 percent of young men used condoms during their first sexual encounter. Never-married women and men were much more likely than ever-married youth to have used a condom. Higher educational attainment, greater wealth, and urban residence are related to a greater likelihood that condoms were used the first time a

young woman and, particularly, a young man had sex(4).Use of condom for disease prevention during first sexual encounter which is reported to be the highest was (47%).when taken totally 61.6% of the students reported one or of the risk behaviour having 2 or more life time partner and sex with casual and commercial partner being the most prevalent forms respectively. Number of life time partners ranged from 1-14 with a mean of 3 partners .close to one half (44.8%)of the students reported sex exclusively with lovers ,14% exclusively with commercial sex partner ,8.7% exclusively with partners and 32.5% with a combination of partners. Large majority (83.4%) of the youth expressed some intention to use condom the next time (8).Among those who had previous sexual exposure, 49(54.4%)used condom at least once. Of those, 23(46.9%) were using condom always(10).Only 45.9% had used condoms and half of them regularly(13)Only 24% of those who were sexually active used a condom during their last sexual encounter.(15) Among the youth who reported to have used a preventive method against STDs during sexual initiation 26% indicated that they used oral contraceptives pills, periodical abstinence ,or withdrawal. Such lack of accurate preventive intervention may lead to deadly outcome by providing false security and by increasing occurrence of risky behaviours (8).

2.4 Determinants of pre-marital sexual practice among the youth

Among never married young men, the proportion reporting premarital sexual activity tends to increase with age, education, and wealth, and is higher among urban than rural residents. Looking at the age patterns for young women, the proportions of young women reporting that they had sex before age 15 are markedly lower among those under age 18 than among older girls. Young women age 18-19 were less likely than those age 20-24 to say they had initiated sex before age 18. This likely reflects the effect of rising age at marriage because only very small proportions of never-married young women report that they had sex by age 15 (0.2 percent) or by age 18 (2 percent).Other differentials in the indicators for young women reflect the influence of factors that predict delayed marriage, e.g., young women in urban areas are much less likely to have had sex by age 15 or by age 18 than young women in rural areas. Differentials in these indicators for young men tend to be minor(4).Having less educated Father was associated with early sexual initiation while having less educated mothers was associated with latter(8).Socio –demographic characteristics particularly gender, location ,and age were significantly correlated with sexual and preventive behaviours(8).

youth who did not believe in the traditional value of preserving virginity until marriage were twice as likely to initiate sex before marriage . It was found that As age increased, the likelihood of remaining a virgin declined. In like manner, the older age group ;alcohol drinkers , Khat chewers and those who have completed a primary education and above were more likely to have premarital sex than their counterparts(9).

In a study done in Nigerian adolescents only region was significantly associated with adolescent sexual initiation among both males and females; however, educational attainment and age were also significant among males. Personal attitudes in favour of delayed sexual debut were associated with lower sexual debut among both males and females. Higher level of religiosity was associated with lower sexual debut rates only among females (14).

I n survey done among secondary school students in three states in North Eastern Nigeria in 2004,the logistic regression showed that the major predictors of sexual activity were: type of school, location of the school, sex, age, living arrangement, religion and having a boy/girl friend. With 95% confidence, the odds of sexual activity were higher for respondents in co-educational schools, whose schools were located in urban areas, who had boy/girl friends, males and females. Specifically, respondents in co-educational schools were more likely to have had sexual intercourse than those in single sex schools. Respondents whose schools were located in urban areas were 3 times more likely to have had sexual intercourse than those in the rural schools while those in semi-urban schools were almost 2 times more likely to have had sex than students in rural areas. Males were 5 times more likely to be sexually active than females. Muslims respondents were less likely than Christians and other religion practitioners to have had sexual intercourse. The respondents who were living with persons other than their parents were more likely to have had sexual intercourse than those living with their parent(s). Similarly, the respondents who had boy/girl friends were 6 times more likely to have had sexual intercourse than those who did not have boy/girl friends (15).

In a study done in 2000 in Nigeria to determine whether family structure (polygamous or monogamous) is associated with sexual activity among school students in Nig parents (16). In Zambian study multivariable logistic regression analysis: Compared to adolescents who had no close friends, adolescents who had one close friend were more likely to have had sexual intercourse. Compared to adolescents who were not supervised by their parents, adolescents who were rarely or sometimes supervised by their parents were likely to have had sexual intercourse, and adolescents who were most of the time/always supervised by their

parents were less likely to have had sexual intercourse. Adolescents who drank alcohol in 1 or 2 days, and those who took alcohol in 3 or more days in a month preceding the survey were 12% and 9% more likely to have had sexual intercourse, respectively, compared to adolescents who did not drink alcohol in the 30 days prior to the survey. Furthermore, adolescents who had been drunk 1 or 2 times, and who had been drunk 3 or more times in a life time were 14% and 13% more likely to have had sexual intercourse compared to those who have never been drunk in their lifetime (17). In a study done in Cote d'Ivoire Males who had no religion, or were practicing religions other than Christianity or Muslim were significantly less likely than other male youths to practice sexual abstinence. Living in the north-west region of the country significantly decreased the odds of sexual abstinence among female youths. Similarly, female youths living in rural areas were significantly 0.42 times as likely as those in the urban zones to practice sexual abstinence (18).

In the Malaysian study there was significant difference in sexual experience among those not staying with their parents 12.2% as compared to those staying with the parents 5.1%. There were no significant difference in sexual experience by ethnic group, religion or urban and rural location. There seemed to be a higher proportion of male students as compared to females that started having sexual intercourse. The survey showed that 20.8% of respondents had taken alcohol, 2.8% were heavy drinkers (having five or more drinks per occasions in past one month.). Bivariate analyses showed that respondents, who smoked, used alcohol or drugs were more likely to have sexual intercourse than those who did not (19).

2.5 HIV testing behaviour and its determinants among the youth

Among ISY, 41.3% (43.4% of males and 39.2% of females) knew of a confidential HIV testing service in their community. The most salient finding here was that only 9.3% of ISY had undergone an HIV test. More males knew where a HIV testing service was available, but the proportion of females tested (11.1%) was far greater than that of males (7.4%) (3).

Young men are about three times as likely as young women to have been tested for HIV (6 percent and 2 percent, respectively). Given the generally low level of testing, differences across groups should be interpreted cautiously. However, there is a clear tendency for testing rates to be higher among urban youth, youth with a secondary or higher education, youth in the highest wealth quintile, and youth living in Addis Ababa (4).

GENERAL OBJECTIVE

To assess the magnitude and determinants of premarital sexual practice and use of condom in high school students of Addis Ababa.

SPECIFIC OBJECTIVE

1. To assess the prevalence of the premarital sexual practice in high schools of Addis Ababa.
2. To assess the level of use of condom among sexually active students.
3. To assess the Factors associated with premarital sexual practice and condom utilization.

METHIDODOLOGY

Study Area

The Addis Ababa city council education bureau reported that in 2008 there were 138 high schools out of which 34 were governmental, 66 private, 15 mission, 14 public, 3 church, 2 mosque and 4 Ngo(6). The study has been done in selected high schools of Addis Ababa.

Study population

The study population for the quantitative study were grade 9-12 of selected high schools. For the qualitative study selected informants from the students and teachers were taken.

Table1: Total number of high schools in Addis Ababa and their number of students in the year 2008.

Type of the high school	Number of high schools	Number of students
1.Government	34	84,763
2.Public	14	6207
3.Private	66	13,079
4.Mission	15	7,221
5.Church	3	2,721
6.Mosque	2	332
7.Ngo	4	1839
Total	138	116,162

Inclusion criteria

Regular students of AA high schools grade 9-12.

Exclusion criteria

High school students learning in regular technical and vocational training (TEVT) because they are considered as colleges. Those students who are married and started sexual practice with in marriage has been excluded

Study design

A cross-sectional study was done in the selected high schools from April-June 2009. To get in-depth understanding and to triangulate the major points in the study like the magnitude of premarital sexual practice, condom use, existence of environmental factors and to see the RH services in the schools we have done focus group discussion and in-depth interview.

Sampling Size

The sampling size for the survey considering the prevalence of premarital sexual practice to be 20% was $N = (1.96)^2(0.2)(0.8)/(0.05)^2 = 246$ students (ie. 49 sexually active and 197 sexually not active). But considering the second factor condom utilization taking 40% prevalence we need 369 students. To get the 369 students who are sexually active we need $369/49 \times 197 = 1484$ students who are sexually inactive. When we add both 369 and 1484 we will get 1853 students. Adding 10% non respondents the sample will be 2039. Adjusting the sample with design effect taken to be 1.5 for those schools which might be ignored in the selection because of our multi stage sampling the final sample size will be 3059.

For the focus group discussion a homogenous group of male, female students, teachers and Anti –AIDS club members were added. 2 FGD has been done from each group. Two in-depth interviews have been added to make the service delivery on RH service richer.

Sampling method

The different high schools in Addis Ababa have been stratified into 3 groups. Government (Owned by government) and public (local community schools) as group one, private as group 2 and, 'others' as group 3. 'Others' include missionary, church, mosque, and Ngo high schools. We have selected 12 government schools, 6 private schools and 5 from the others group. Using the formula $n_j = n / N \times N_j$ we calculated the sample for individual schools proportionally. In the government schools we selected sections randomly from each grade according to the sample size. In the private and "others group" since the proportional sample is fewer than a section can hold, the sample will be equally divided to each grade and students will be selected randomly from the students list. For the focus group discussion the schools administration has been involved in selecting 6 female students, 6 male students, 6 teachers and 6 Anti-AIDS club member for two FGD from each group, a total of 48 people.

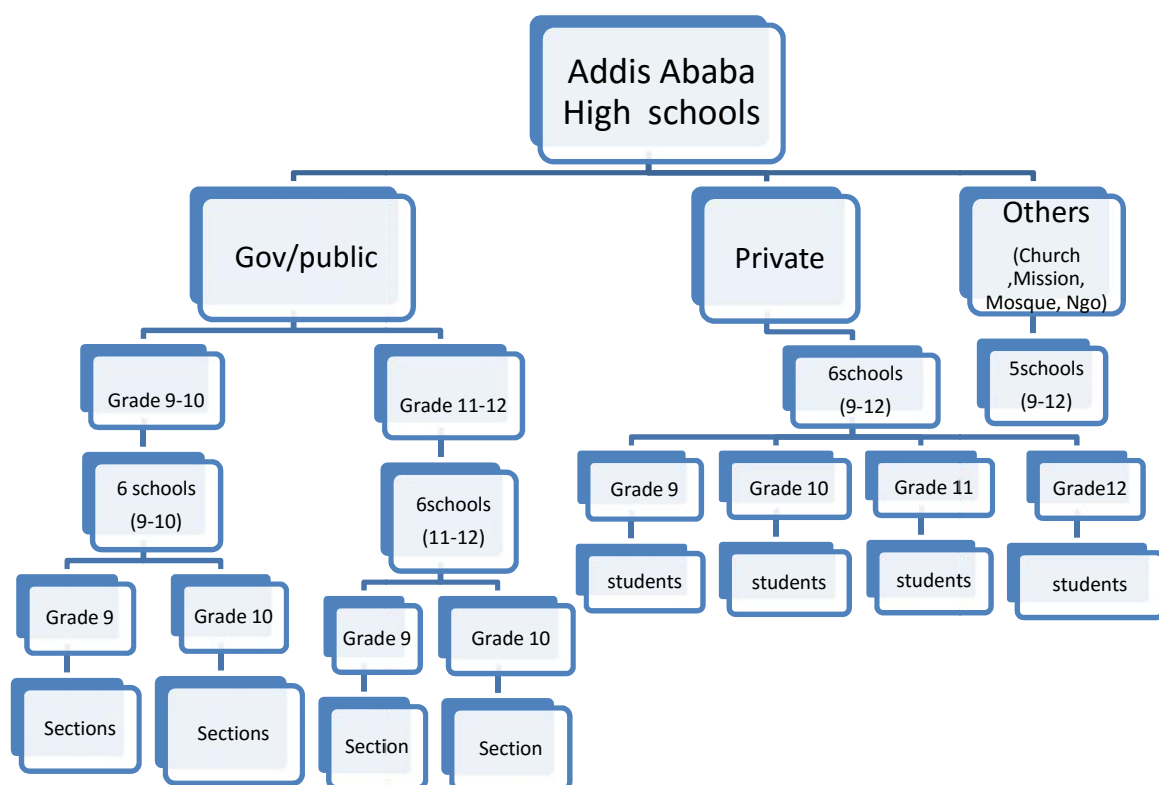


Figure 1: sampling scheme of AA High schools

Data collection

Data was collected from 23 high schools using self administered questionnaire. Students were given pre-tested questionnaire which is prepared in English translated to Amharic to be filled by them selves. The pre-test was done in a public school which was not included in the study. A brief explanation on the purpose of the research and the appreciation of the time given by each individual in taking time to fill the form was addressed in each session by the researcher. Teachers who came to teach the specific randomly selected classes were given a one page rule to follow during 15-20 minutes which the student fills the questionnaire. Option was given not to fill question which they don't want to fill. Questionnaire included about socio-demographic status sexual and preventive behaviour, condom use attitudes and believes. Focused on sexual initiation, present sexual practice, risk behaviour and condom use. The data was entered using EPI info version 3.5.1.

For the focus group the researcher conducted all the sessions with one reporter. Participants selected from the 23 high schools by the help of the school administration where key informants were available. Eight focus group discussions and two in-depth interviews have been undertaken. The focus group discussions were done among teachers; Male students; female students and Anti-HIV club members (Two from each group). The in-depth interview has been added after the focus group discussion to get additional information on RH and HIV services in high schools. The in depth interview was done with key informant teachers on the service and they were selected according to the feedback obtained from the FGD. We used structured questionnaires for both qualitative studies. Tape recording was done to avoid distraction of attention.

Data quality control mechanism

Strict supervision was done during filling of the questioners by principal investigator in each grade. The completed questionnaires were checked after collection for completeness by principal investigator. Missed values have been excluded from data analysis (16) with no special similar characteristics. The data was cleaned using frequency tables of SPSS and by sorting ascending and descending and different question matching.

Data analysis

For analysis we use SPSS (statistical package for social sciences) version 15. Frequency distribution and tables were prepared for each of the variables. Bi-variate and multi-variate analysis has been done to identify associated factors for sexual activity and condom use.

The qualitative data has been recorded and transcribed, translated and summarized. Table was prepared with the questions that address the objectives. Responses were recorded to each question in the table. This is done till saturation of the ideas in discussion. Findings were summarized according to the title.

Ethical Consideration

Official letter was obtained from each of the ten sub city a demonstration for each school participating in the study. Participants were informed about the purpose of the study and their right to participate or not in the survey. Informed consent was obtained from each participant. To maintain confidentiality, the names of the respondents were not recorded on the questionnaire. To maximize confidentiality of answers, teachers were told not to be around the students because of the sensitive nature of the questions. No discussion was permitted among those who filled the self administered questionnaires. The focus group discussion and the in-depth interview was carried out in a convenient area with minimum disruption. Ethical clearance was obtained from the ethical board of Gonder University.

Operational definitions

Premarital sexual practice - practicing sex before marriage. Divorced and those who are living with sexual partners are considered to practice premarital sex since they are not married at present.

Correct condom use- Mentioned as in the questionnaire as “instruction written on the condom package.”

Knowledge on HIV/STI- Knowledge on HIV/STI is prepared by a score of 26. The questions include how is HIV transmitted? 4 scores for answering the known transmission ways and 3 scores for avoiding misconceptions. How can HIV be transmitted from mother to child? 3 scores.

How can people prevent themselves from HIV? 4 Scores for known ways and 2 scores to avoid misconception. What are the symptoms and signs of STD? 3 scores. How a person can avoid STDs? 4 scores for known methods and 1 score for avoiding misconception. About condom 2 scores. Knowledge score <75% is considered inadequate knowledge and knowledge score $\geq 75\%$ is considered adequate knowledge.

Results

1. Socio demographic characteristics of the study population.

A total of 3089 high school students 1542 male and 1547 female participated in the study. The socio demographic characteristics of the study population is presented on (table 2). The majority of the students were in age group between 17-20 (55.7%). Most of the participants 78% (2408) were from government high schools ;11.4% (353) from private schools and 10.6% (328) were from church and mission schools. Regarding ethnic composition 47.3% were Amhara, 21.2% Oromo, 15.1% Gurage and 10.6% Tigrinya. The school grades were represented almost with equal proportion. Most of the students were orthodox Christians (73%) followed by Muslims (14.7%) and protestants (11%). Majority of the students (99.9%) were never married with only 0.2% ever married. Majority of the students were living with their fathers and mothers (62.3%). Fathers of the study high school student with post secondary education were 35.4% (1092). Concerning the mother's level of education Majority of them has primary education 32.7 (1010). Most of the students 34.9% (1077) reported that they don't know the family monthly income.

Table 2 : Socio demographic Characteristics of Addis Ababa High school students participating in the study April 2009.

Variables	N	%
Sex		
Male	1542	49.9
Female	1547	50.1
Age group		
13-16	1326	42.9
17-20	1720	55.7
>21	43	1.4
Type of School		
Government/Public	2408	78
Private	353	11.4
Others(church, Mission, mosque, Ngo)	328	10.6
Grade		
9	764	24.7
10	782	25.3
11	810	26.2
12	733	23.7
Ethnic group		
Amhara	1460	47.3
Gurage	467	15.1
Oromo	654	21.1
Tigray	328	10.6
Debube	77	2.5
Others (selete,adere,Afar)	103	3.3
Religious group		
Orthodox	2255	73
Catholic	20	0.6
Protestant	340	11
Muslim	453	14.7
Traditional	5	0.2
Others	16	0.5

Note: Total N=3089.Percentage may not add up to100 because of rounding off error

Table3: Description of parents of the study population of Addis Ababa High school students participating in the study April 2009.

Variables	N	%
Living With		
Father and Mother	1924	62.3
Father or Mother	558	18.1
Close relative	573	18.5
Sexual Partner	10	0.3
Alone	24	0.8
Fathers Level of education		
No education	469	15.2
Primary education	914	29.6
Secondary education	614	19.9
Post secondary education	1092	35.4
Mothers Level of education		
No education	744	24.1
Primary education	1010	32.7
Secondary education	659	21.3
Post secondary Education	677	21.9
Marital status		
Never Married	3083	99.80
Divorced	4	0.13
Widowed	2	0.06
Family Monthly Income in birr		
<500	256	8.3
501-1000	398	12.9
1001-5000	853	27.6
>5000	147	4.8
Do not Know	1077	34.9
Not willing to mention	358	11.6

Note: Total N=3089.Percentage may not add up to100 because of rounding off error

2. knowledge on HIV/AIDS ,STD and their attitude

According to the 26 score based Knowledge assessment score 61.8 % (1915) of the students had knowledge score <75% which is inadequate for the score .Thirty eight percent (1185) of the students had $\geq 75\%$ score which is adequate Knowledge. Male students had a better adequate knowledge score 42.6% of them when compared with in the sex (females =33.8%).When we see the knowledge score the adequate Knowledge score of $\geq 75\%$ increases as the grade goes from 9 to 12.(29.4%,47.5% respectively).Out of the study population 43.4%(1346) agree that it is possible to cure AIDS and 42.4% disagree .When we see it with in the sex males disagree more than females.(43.7% vs. 41.1%).Most of the grade 12 students disagree that it is possible to cure AIDS than grade 9 students(45.9% vs39.9% respectively).Almost equal number of students disagree than agree to give education to children 12-14 years as a protective mechanism to HIV(48% vs48.3%).When we see it within the sex more females 52.3%vs43.8% disagree to the question. When we see the question across the grades The percentage of the students who disagree increases as grade increases (41.9%vs55.9%).

3. Sexual believes and norms.

Majority of the students (77.2%) believe girls should remain Virgin until they marry and (70.8 %) believe that boys should remain virgin. More females believe that girls should remain virgin(86.2vs68.2%) and boys should remain virgin(78.2Vs 63.4%)(p-value=0.00).14% of the high school students believe that many of their female friends have sexual intercourse and 28.8% of them think none of their female friends had sexual intercourse .When we see it with in sex 18% of the male students believe that many of their female friends are sexually active which is only 10.1%from the female side.19.3% of the students believe many of their male friends are sexually active and 14% think none of their male friends are sexually active. When we see it with in the sex it is 21.3% and 17.3 for that of males and females respectively ($P < 0.01$).

Most of the students believe that environment around school are leading high school students to sexual intercourse as compare to school and home environment(61.5%,16.6%,11%)respectively. If we see it within the sex group for females it is 64.7, 10.5, 9.7%) and for males it is 58.3, 22.6, 12.2 %.($p < 0.01$).

Sixty four Percent of all students believe that peer pressure is factoring which pressurized high school students to sexual intercourse. The other 3 most common factors mentioned are cheated by gifts (46.4%); Poverty (42.7%) and Rape (25.6%).8.8% of the students believe that there is no force pushing high school students to sexual activity.

4. Non sexual risk behaviour.

Out of all the high school students studied 9.6% smoked cigarette in their life time (n=295).out of males 14.4%(222) and 4.7%(73) in the female group .Out of those who ever smoked in the past 41.7%(123) reported they didn't smoke in the last one month but 23.4%(69)said they smoked 1-10 cigarettes /day.

A total of 209 students (6.8%) reported they used drugs which make them fell high. Among males the response was 10.6 % (164) and 2.9% (45) with in the females ($p < 0.01$)..The frequency at which they use the drugs is 6.1%(188) Khat ,0.8% (25)Marijuana, 0.5% (16) Heroin ,0.5% cocaine And 0.4% (12) benzene. Majority of those who are taking drugs 59.1 % (114) reported they are using once in a month and few 9.3 % (18) said they are using it on daily bases.

Forty eight percent of the students (n=1492) reported that they have ever drunk Tella or beer. Males were about 57.2% compared to females 39.4%. Out of the students 83.8% are consuming on holidays. Only 9% (134) reported they consume every week.

Fourteen point six percent of students reported they have ever drunk strong alcohol .They are 18.9% (291) among males and 10.4 % (161) among females.70.8% of the above students who took strong alcohol (n=323) said they are taking strong alcohol during holidays. About 3.3% (n=15) reported they are taking every week. Asked whether they were drunk in the past 6 months only 4.9% (n=150) reported that they were drunk (7.3 % males, 2.4% females) ($p < 0.01$).

Table 4 : Distribution of non sexual behaviour among high school students of Addis**Ababa April 2009**

Characteristics	Sex		Chi.sq.	p-value
	Male	Female		
Smoked cigarette				
Yes	222(14.4%)	73(4.7%)	83.73	P <0.01
NO	1320(85.6%)	1474(95.3%)		
Used drugs to make you feel high.				
Yes	164(10.6%)	45(2.9%)	73.08	P <0.01
No	1378(89.4%)	1502(97.1%)		
Ever drunk Tella or Beer				
Yes	882(57.2%)	610(39.4%)	97.62	P <0.01
No	660(42.8%)	937(60.6%)		
Drunk strong Alcohol				
Yes	291(18.9%)	161(10.4%)	44.29	P <0.01
No	1251(81.1%)	1386(89.6%)		
Drunk in the past 6 months?				
Yes	113(7.3%)	37(2.4%)	40.731	P <0.01
No	1429(92.7%)	1510(97.6%)		

5. Use of pornographic materials

Out of the total high school students about 56.1% (1734) of them observed pornographic materials. Males were using in 64% of the cases (987) vs. 48.3% (747)(p-value=0.00).The average age of initiation of pornographic seeing is 14.9 years.(sd+_2).from those who observed pornographic material in the past 69(n=1197) saw pornographic materials in the past 6 months. Males 71.3%, Females 66%(p-value=0.018).Majority of the students see pornographic material once in a month.(791),2.3%(28) said they see the materials on daily bases.The common source is movie78.8% (1366), photography 12.1%,magazine 10.2%,books 9.7%.The students were asked from where they get the materials and the commonest were film renting housesin39.8%, male friends 27.45%, cinema 16.8%, female friends13.6%.Forty eight percent (837) of the students think that seeing pornographic materials will not affect their life (male=51.1%, females=44.5%)(p-value < 0.01).

6. Sexual assaults

Eleven point five (356) of the students reported that they have been touched on the breast or some other part of the body when they don't want to be (males9.3%, females 13.8%)(p-value 0.00).The assault comes from different sources the commonest being from neighbours 17.8%(53),relatives 13.8%,unknown people 11.4%(34), teachers4.4%(13).Twenty percent (64) of the students said the assault was most of the times where as 41.3% said it is occurring sometimes.

Out of the sexually active students 133 (35.21%) said they have done something to avoid pregnancy. Males 32.3% (98), females 46.7%). 8.9% (27) of the male students said they made a girl pregnant. About 20 % (15) of the sexually active females said that they had pregnancy in the past. Out of those who had pregnancy 80% (12) had abortion.58.3% of them had abortion once and the remaining two and three times .Ninety three percent of the abortions (13) were induced and the remaining were spontaneous.33.3 % (4)

7. Reproductive services and relationships

Most of the students want to discuss about sexual matters with relatives in 58% of the students, with friends in 28.4%, brothers 20.3%, fathers 15.1 %, mothers 11.8%; health professionals 7.8% and religious leaders 4.4%.

About fifty three percent of the high school students related their closeness to family to be very good (male 53.4% vs 52.4%), 40.0% good, 5.1% bad, 2% very bad. About fifty percent of the students rate their closeness with their school to be good (1527). Forty percent said they have very good relationship and 6.0% of the students (104) said they have very bad relationship. Seventy seven (2412) of the students claim to perform at school averagely; 16.8 % (518) outstandingly and 5.1% poorly.

Thirty nine percent of the students (1206) said there is service in the school regarding Reproductive and sexual health. While the other 61% said there is no service. 80.4% (970) of those who said there is service were happy on the service given in their school.

Seventy six percent of the students said they know a place where HIV testing is done .Twenty point four percent (628) students said they have been tested for HIV in the past. there is no significant difference among the different sex groups. 52.1 % (328) of the students tested with in the last 12 months and the test was done in government institution 53%(333) and 34.1%(214) in private institutions.

The reason for testing was to know status in 64.4% (404) of cases; because of free HIV service available in their are in 21.7% ; 4% (25) because the school provide the service ;7.6% of them said they screened before having relation with their partner.

Those students who didn't do the HIV screening test(n=2461) gave different reasons for not screening ,the major reasons being because of their age 31.2% (768%); 6.8% because they are afraid of screening and 56% (1378) reported they did not think over it.

8. Sexual history and practice

Twelve point two percent of the high school students (n=378) reported that they had sexual intercourse. Out of these students 303 (80.2%) were male students and 75 (19.8%) were females .Majority are in the age group between17-20 (72.8%). Among males the sexual activity is 19.6% and among females it is 4.8%.The average age of sexual initiation was 15.8 years (SD \pm 2.6).

Majority of the students started sex with their girl friends 71.2% (277).Six point seven percent (26) had sex with sex workers and 3.4%(13)with teachers. More females than males started their first sex with their boy friends 89.3%(67) compared to 69% males .When we see within the sex 8.6%(26)males started first sex with sex workers 2.7% (2) of the female students started sex with their teachers compared to 3.6%(11) of the males.

Most of the students 50.4 % (190) had sex with people of equal age and 37.9% (143) with people grater than 10 years of age. Females had sex with age group grater than 10 years more of their age than males. (38.7% vs. 37.7%).Sixty five point eight of them had unplanned sex. More males than females had unplanned sex (67.2% vs. 60%).

The students were asked what encouraged their first sex the most common factors mentioned were Personal interest 46.6% (176) (males50.7vs30.1);Getting money 36.4% (male31.7% vs. 54.8% in females)(p-value < 0.01); Films 23.1% (Males 26.9% vs. 8.2%); Friends pressure 4.7% (males 3.4% vs. 9.7%).

Seven point seven percent (30) of the sexually active reported they were forced to have sexual intercourse against their will by stranger or relatives (males 5.9 % (18) vs. 14.7% (11) in females) (P-value < 0.01).Fourteen point six (56) of them reported that they either received or paid money or gifts for sexual intercourse (males 16.5% vs. Females 6%)(p-value=.064).

Table 5: Profile of sexual initiation, condom use among sexually active high school students in Addis Ababa April 2009.

Variables	Sex		p-Value
	Male	Female	
Age at which sex was started			
<12 years	30(9.9%)	6(8%)	0.20
13-14years	35(11.6%)	6(8%)	
15-16 years	110(36.3%)	21(28%)	
>17 years	128(42.2%)	42(56%)	
With whom did you have first sex			
With boy/girl friend	209(69%)	67(89.3%)	< 0.01
With teacher	11(3.6%)	2(2.7%)	
With sex worker	26(8.6%)	0(0%)	
With merchant	6(2%)	0(0%)	
Relative	2(.7%)	1(1.3%)	
Others	49(16.2%)	5(6.7%)	
Age of the person at first sex			
Equal to my age	157(52%)	33(44%)	0.21
>10 years	114(37.7%)	29(38.7%)	
<10 years	6(2%)	1(1.3%)	
Don't know	25(8.3%)	12(16%)	
Pay or receive money or gift			
Yes	50(16.5%)	6(8%)	0.06
No	253(83.5%)	69(92%)	

9. Condom use

Out of the 378 students who had premarital sexual practice only 45 % (n=170) used condom in their first sex .Forty four point six percent of the males and Forty six point seven of the females used condom. Forty three percent students reported that they always use condom. Eleven point six said they used most of the times; 17.7% sometimes and 27.8% never used. They were asked whether they were using condom correctly and 36% reported they used it correctly always; 18 % most of the times and 14.3% sometimes and 31.7% never used it correctly. About fifty percent of the students have very strong intention to use condom, twenty percent have some intension and 28.8% have no intention to use condom (p value < 0.01).

Table 6: Profile of condom use among sexually active high school students in Addis Ababa April 2009.

Variables	Sex		P -value
	Male	Female	
Used condom correctly			
Always	109(36%)	27(36%)	0.34
Most of the times	59(19.5%)	9(12%)	
Sometimes	44(14.5%)	10(13.3%)	
Never	91(30%)	29(38.7%)	
How frequent do you use condom			
Always	136(44.9%)	26(33.7%)	0.24
Most of the times	37(12.2%)	7(9.3%)	
Sometimes	51(16.8%)	16(21.3%)	
Never	79(26.1%)	26(34.7%)	
Intension to use condom			
Strong intension	161(53.1%)	30(40%)	<0.01
Some intension	69(22.8%)	9(12%)	
No intension	73(24.1%)	36(48%)	

10. Sexual practice in the last six months

Out of the 378 students who were sexually active only 204 (54 %) had sex in the last 6 months. This time 77 % (157) had sex with their boy friends; 5.9% (12) with teachers. More females 89.1%(44) than males 73.4% had sex with boy /girl friends. More males than 6.3% (10) than females 4.3% (2) had sex with their teachers. Eight point eight percent (14) of the students had sex with sex workers.

Age of their sexual partners this time were equal to their age in 81.9% (167). Males 82.3 % (130), females 80.4%(35). Those >10 years of age % Males 15.2% (24) and 17.4 % (8) in females. This time 68.5% (139) of the students use condom (male 70.7% and females 60.9%). Eighty six point three of them claims they used it correctly. Those who didn't use condom were 13.7% (n=19) (male 15.3% vs 7.1%).

Table7: Profile of high school students in Addis Ababa who had sex in the last six months and their intension to use condom April 2009.

Variables	SEX		Chi-sq (df=1)	P-value
	Male	Female		
Sex in the last six months			2.04	0.153
Yes	158(52.1%)	46(61.3%)		
No	145(47.9%)	29(38.7%)		
With whom do you have this time			6.57	0.163
With boy/girl friend	116(73.4%)	41(89.1%)		
With teacher	10(6.3%)	2(4.3%)		
With sex worker	14(8.9%)	0(0%)		
With merchant	2(1.3%)	0(0%)		
Others.	16(10.1%)	3(6.5%)		
Age of the person at first sex			0.14	0.931
Equal to my age	130(82.3%)	37(80.4%)		
>10 years	24(15.2%)	8(17.4%)		
<10 years	4(2.5%)	1(2.2%)		
Did you use condom this time?			1.59	0.207
Yes	111(70.7%)	28(60.9%)		
No	46(29.3%)	18(39.1%)		
Did you use it correctly?			1.27	0.261
Yes	94(84.7%)	26(92.9%)		
No	17(15.3%)	2(7.1%)		

Table8: multiple logistic regression predicting the odds of sexual activity among students of Addis Ababa High schools by socio demographic characteristic April 2009.

Characteristics	Sexual activity		Crude OR (95% CI)	Adjusted OR 95%CI
	Yes	No		
Sex				
Male	303	1239	4.8(3.7-6.2)	2.6(1.7-4.0)
Female	75	1472	1.00*	1:00*
Age group				
13-16	83	1243	1:00*	1:00*
17-20	275	1445	2.85(2.2-3.7)	2.58(1.61-4.13)
>21	20	23	13.0(6.9-24.7)	9.78(3.36-28.41)
Type Of school you learn				
Government	300	2108	1:00*	1:00*
Private	50	303	1.16(0.84-1.6)	1.84(1.06-3.20)
Others(Mission, church)	28	300	0.66(0.44-0.98)	0.948(.52-1.74)
Religion				
Orthodox	286	1969	1:00*	1:00*
Catholic	1	19	0.362(0.05-2.72)	0.192(0.01-5.19)
Protestant	38	302	0.87(0.61-1.24)	1.01(0.56-1.84)
Muslim	46	407	0.79(0.56-1.07)	0.931(0.53-1.64)
Traditional	3	2	10.3(1.72-62.02)	10.52(0.57-195)
Others	4	12	2.30(0.74-7.16)	8.6(0.94-78.8)
Grade				
9	72	692	1.00*	1:00*
10	85	697	1.17(0.84-1.63)	0.698(0.4-1.22)
11	109	701	1.49(1.09-2.05)	0.48(0.28-.83)
12	112	621	1.73(1.27-2.4)	0.37(0.21-.66)
With whom are you living				
With father and mother	203	1722	1:00*	1:00*
With father or mother	79	482	1.29(0.30-5.53)	
With relative	93	483	1.73(0.40-7.52)	
Alone	2	22	2.05(4.74-8.89)	0.215(0.02-2.47)
family income				
<500	38	218	1:00*	1:00*
501-1000	55	343	0.92(0.59-1.44)	1.33(0.65-2.75)
1001-5000	128	725	1.01(0.68-1.50)	1.35(0.71-2.59)
>5000	21	126	0.96(0.54-1.70)	0.43(0.15-1.21)
Do not know	103	974	0.61(0.41-0.91)	1.18(0.61-2.3)
Not willing to answer	33	325	0.58(0.35-0.96)	1.14(0.51-2.54)

*Reference category

Multivariate analysis showed that from the socio demographic variables sex and age group are associated with sexual initiation.

Being Male had 2.6 times risk than being female to have sexual practice AOR=2.6(CI=1.7-4.0).

As age increases the risk of having sexual intercourse increases. Those with age 17-20 has 2.58 times risk to have sexual intercourse than the age group 13-16(AOR=2.58(CI=1.61-8.13)). Those with age group >21 are more at risk (AOR=9.8(CI=3.4-28.4)).

Having knowledge score $\geq 75\%$ is associated with 2.4 times risk to have sexual intercourse than scoring less than $< 75\%$. (AOR=2.4(CI=1.67-3.33)).

Those students who disagree girls should be virgin until marriage has 2 times risk to have sex than those who agree (AOR=2.32(CI=1.1-4.97)).

Those students who believe that more of their female or male friends have had sex has a lesser chance of having sexual intercourse than those who believe many of their friends are sexually active (AOR=0.4(.2-7.6), 0.2 (CI=0.56-5.7)).

Those students who smoke cigarette and use drug have a higher chance of having involved in sex than who don't (AOR=2.67(1.67-4.26); 2.34(1.43-4.10) respectively).

Those who are sexually practice were found to screen 1.89 times than those who don't have sexual practice AOR=1.89(1.3-2.7).

Drinking Tella or strong alcohol, History of sexual assault, closeness to family and performance at school was not associated with sexual initiation.

Table 9: Logistic regression showing the odds of sexually activity in Addis Ababa high schools by sexual behaviour, attitude and non sexual behaviour April 2009.

	Sexual activity			Adjusted OR95% CI
	Yes	No		
Knowledge<75%(Inadequate)	153	175	1:00*	1:00*
Knowledge>=75%(Adequate)	225	95	2.71(2.2-3.4)	2.4(1.67-3.33)
Girls should be virgin until they marry				
Agree	164	2221	1:00*	1:00*
Disagree	214	488	5.94(4.74-7.44)	2.32(1.08-4.97)
Boys should be virgin until they marry				
Agree	149	2038	1.00	
Disagree	218	547	5.45(4.34-6.85)	1.26(.323-4.89)
Don't know	11	126	1.19(0.63-2.26)	0.23(.025-2.22)
Attitude to same sex virginity				
Agree	151	2160	1:00*	1:00*
Disagree	218	528	5.91(4.70-7.42)	1.25(.27-5.88)
Don't know	9	23	5.59(2.54-12.3)	8.35(.66-106)
Female friends who have had sex				
Many	114	317	1:00*	1:00*
Some	85	218	1.08(0.78-1.51)	1.01(.588-1.74)
A few	63	196	0.89(.63-1.28)	0.93(.50-1.72)
None	29	860	0.09(0.61-0.144)	0.367(.18-.76)
Not sure	87	1120	0.22(0.16-0.29)	0.517(.28-94)
Male friends who have had sex				
Many	159	437	1:00*	1:00*
Some	77	238	.89(.649-1.22)	0.88(.52-1.49)
A few	51	222	0.631(.44-.90)	0.648(.35-1.2)
None	12	452	0.073(.040-.133)	0.19(.06-.57)
Not sure	79	1362	0.159(.119-.213)	0.54(0.3-0.97)
Smoked cigarette				
Yes	135	160	8.86(6.8-11.54)	2.67(1.67-4.26)
No	243	2551	1:00*	1:00*
Any drug to make you high				
Yes	112	97	11.35(8.41-15.3)	2.34(1.43-4.10)
No	266	2614	1:00*	1:00*
Tella /beer drinking				
Yes	280	1212	1:00*	1:00*
No	98	1499	.283(.22-.36)	0.96(.62-1.47)
Strong alcohol				
Yes	159	293	1:00*	1:00*
No	219	2418	.18(.132-.212)	0.67(.43-1.03)
Ever viewed pornographic material				
Yes	263	1471	1:00*	1:00*
No	115	1240	.519(.411-.654)	
Using materials affect your sexual life				
Yes	142	695	1:00*	1:00*
No	121	776	0.76(.59-0.99)	0.83(.58-1.165)
Sexual assault				
Yes	41	315	1:00*	1:00*
No	337	2396	1.08(.765-1.53)	0.64(.23-1.77}

Table10: logistic regression showing the odds of sexually activity in Addis Ababa high schools by their closeness to family and school and service April 2009.

Variables	Sexual activity		Crude OR 95%CI	Adjusted OR 95%CI
	Yes	No		
Closeness to family				
Very good	179	1454	1:00*	1:00*
Good	156	1081	1.17(.933-1.47)	1.01(.697-1.48)
Bad	30	128	1.9(1.24-2.92)	178(.923-3.44)
Very bad	13	48	2.2(1.17-4.14)	1.026(.317-3.32)
Closeness to school				
Very good	132	1140	1:00*	1:00*
Good	197	1330	1.28(1.01-1.62)	.90(.614-1.33)
Bad	29	157	1.59(1.03-2.47)	.75(.36-1.56)
Very bad	20	84	2.06(1.22-3.46)	2.04(.93-4.9)
Performance school				
Outstanding	60	458	1:00*	
Average	292	2120	1.05(.781-1.40)	
Poor	26	133	0.149(.906-2.46)	
Service on RH at school				
Yes	134	1072	1:00*	
No	244	1639	1.19(.952-1.49)	
Tested for HIV				
Yes	116	512	1.9(1.5-2.4)	1.89(1.3-2.7)
No	262	2199	1.00*	1.00*
Get the result of the test				
Yes	112	480	1:00*	
No	4	32	.536(.186-1.55)	

When we see the multivariate analysis to be in age group 17-20 years is associated with more chance of condom utilization than age group 13-16 $OR=2.2(CI\ 1.15-4.23)$. To be in a private school is associated with more chance of using condom than being in government school $AOR=2.2(1.14-4.4)$.

Intention to use condom has association with using condom, Those who have very strong intention to use condom have four times higher chance to use condom than with those with no intention $AOR=4.2(CI=2.5-6.98)$. The odds of using condom in those who are happy about the RH service of their school is 2.8 times than those who are unhappy ($AOR=2.84(1.13-6.99)$).

Table 11: Multiple Logistic regression predicting the odds of condom use by socio demographic factors of AA high school students.

Variables	Condom use		CrudeOR95%CI	Adjusted OR 95%CI
	Yes	No		
Sex				
Male	135	168	1:00*	1:00*
Female	35	40	1.089(.656-1.80)	1.28(.70-2.34)
Age group				
13-16	24	59	1:00*	1:00*
17-20	139	136	2.51(1.47-4.26)	2.2(1.15-4.23)
>21	7	13	1.32(.471-3.72)	1.41(.4- 4.8)
Type Of school you learn				
Government	124	176	1:00*	1:00*
Private	29	21	1.96(1.06-3.59)	2.2(1.11-4.4)
Others(Mission, church)	17	11	2.19(.99-4.84)	2.4(.96-5.84)
Grade				
9.	25	47	1:00*	1:00*
10.	35	50	1.31-.687	1.17(.56-2.48)
11.	56	53	1.98-1.07	1.56(.75-3.25)
12.	54	58	1.75-.951	1.17(.55-2.47)
With whom are you living				
With father and mother	94	108	1:00*	1:00*
With father or mother	43	33	1.39(1.05-1.84)	1.35(.75-2.44)
With relative	32	58	1.63(1.25-2.13)	0.67(.38-1.2)
With sexual partner	1	7	0.89(11.3-229)	0.55(.06-0.06)

Table 12 : Multiple Logistic regression predicting the odds of condom use by knowledge and other non sexual behaviour of AA high school students April 2009.

Variables	Condom use		Crude OR 95%CI	Adjusted OR 95%CI
	Yes	No		
Knowledge on HIV/STI				
Inadequate	75	78	1:00*	1:00*
Adequate	95	130	.760(.50-.12)	0.67(.42-1.07)
Intention to use condom				
Very strong intent	115	76	4.2(2.5-6.98)	4.84(2.7-8.7)
Some intent	26	52	1.4(0.73-2.6)	1.52(0.8-3.1)
No intent	29	80	1.00*	1.00*
Tella /beer drinking				
Yes	124	156	1:00*	1:00*
No	46	52	.899(.57-1.43)	1.213(.69-2.14)
Strong alcohol				
Yes	71	88	1:00*	1:00*
No	99	120	0.98(0.65-1.5)	1.11(.67-1.86)
Service on RH at school				
Yes	69	65	1:00*	1:00*
No	101	143	.665(.44-1.01)	1.02(.44-2.34)
Happy about RH service				
Yes	57	43	1.94(1.22-3.1)	2.84(1.13-6.99)
No	113	165	1.00*	1.00*

Qualitative study (Summary)

Transmission of HIV in Ethiopian context.

Most of the discussants are aware of the relevant HIV transmission ways .Most mentioned Unprotected sex, having multiple sexual partner , mother to child transmission of HIV, Blood transfusion. In rural areas Using sharp materials used by HIV infected person without proper sterilization during harmful traditional practices like uvular manipulation, female genital mutilation and unclean male circumcision. They mentioned that forced marriage and rape in rural areas force females to go to urban areas which lead them to sex work because of economical reasons. The youth when they came to the urban area they will be drunk and involve them selves in sex. Since they are drunk they don't usually use condom.

Continuous education, open discussion on sexual matters in families considered important ways helping in the prevention.

HIV prevention in high school students

Abstinence is considered to be the most preferred way of Prevention in high school youth. One respondent student confidently said “Abstinence will protect us 100% from HIV, If we don't abstain we are reducing from 100%”. Abstinence is preferred because it is said to help the students focus on their education, avoids unwanted pregnancy, HIV and STDs. When the females have pregnancy they could have infection, uterine perforation and they can even miss their life. Abstinence is also said it will avoid economical crisis if pregnancy occur because of the expense of abortion service.

It is also said the earlier the youth go in to sex the more risk they will have because they will have many partners in their life time. “Abstinence gives us confidence on our selves. If we are

sexually active we will be suspicious whether we will have HIV and we will be fearful.” a male student said.

Condom use is the second preferred way of prevention. A teacher in one of the FGD said "what I think useful for them is abstinence, but once When we discuss about condom, the students said they can't continue being abstinent.” The use of condom in cases where it is used sexual practice is done as a means of income generation for family or fulfilment of students need.

Premarital sexual practice in high schools

The existence of premarital sexual practice is said to be different in different discussions. It varies from 20% to 80 % but the majority is saying about half of the high school students have premarital sexual practice. Some said it is more in male's because of drugs and alcohol. They even classify it in grades and said grade11/12 majority is active (60-70%) where as the proportion is less than in 9/10 graders .A male teacher participant from the teachers group said premarital sex is about 75% prevalent in high school students because he knows he passed through it. But a male teacher responds to this question by saying “there is a desire to do sex up to 90% but the actual sexual practice when we take grade 9-10 is minimal (about 20%). This idea has been supported by another student in other school by saying “There are many descent students who know nothing .I don't think those who are doing sex are many I think 30 % will do sex. Most of them do not do, specially the girls.”

What forces the high school students to premarital sexual practice?

Many factors are said to force high school students to premarital sexual practice. The age of the students is said to be one factor leading to sex .At this age which is called “FIRE AGE” by many discussants, the youth want to test everything, One of them is sex.

Peer pressure is the commonest factor which is leading to sexual practice .Those who are not doing sex are considered non modern, “FARA “or” GEJA” as the discussants mentioned. Peer pressure has many manifestations. If some body from one of the females has boy friend the others will be pushed because of inferiority felling .Sometimes those involved in sexual practice may push their friends.“I had a female friend whom i like much.” Said a female participant from one of the Government schools. I was un happy when she was absent from school .Initially I tried to advise her not to be absent, but she continued to do it. One day she told me she will invite me lunch and took me to one place in the city .we ate lunch and latter she took me to her friends ,where chat is chewed and cigarette was smoked .They were laughing and talking about money. She told me to sniff but I refused .Later she blew on me. I was very happy .After that every thing changed .I was going there every day. My friend was giving me money for chocolate sometimes she will give me up to 50 birr but she is willing whenever I ask for more.” This type of stories mentioned in most of the FGD s .A male student from student group told experience of one of is female friends. “My female friend was taken to a place by her close female friend to palace and raped by one of her male friends in order to disverge her so that every body wont be virgin in that group.”

Poverty was mentioned to be one the factors leading students to sexual practice. Since students have many needs they want to full fill them. If these needs are not met they will involve them selves in sex with the sugar daddies; merchants and even with those student who can earn money from family or those who work part time. “In our school there are students who are very poor .Some of them have parents who are working on“ Tella” and “Areke” selling .Some of the students work with the family .They even be cheated to have sex to earn money. Some of the poor students also work in people’s house, One of our students who was poor was working in peoples house came raped by the owner child .when she came we advised her and sent her to take drugs to prevent pregnancy and she was given screening for HIV at the near by health centres.” said a teacher Anti-AIDS club leader working in

Government school. This idea has been challenged by some saying not the poor but the rich is predisposed to sex. This is because the students are given money not to be below their friends which may lead them to use different substances including alcohol and drugs. They also get sex films buying, lending, from the internet and dishes. This group consider the poor students inclined to religious beliefs hence they will abstain rather. One of the supporters of this idea, a teacher said, "If the poor is involved in sex it is the strength of the poorness which predispose them to sex."

Modernization and western civilization including sex films has been mentioned as main factors, leading to sexual practice. Some of the student name the sex films as "PB" films, but they prefer to call it like that except as a means of communication in the group. Some of the male students see sex films on Saturdays being together with their friends most of them claim the sex films have no pressure in their life. One of the girl students said that rent a film from rental houses they will go home and wake up at night with her nice. "We will wake up as if we are studying at night; every body will be asleep. We will see the sex film together I hate to see the sex film because they will do it in the illegal way. "Unlike the males she didn't deny its effect in her student life."

Most of the recreational type of programmes in the high schools has been blamed for causing problems for most of the students. There are different events like carnivals, valentines day, gentle day, Oldies day and Fashion show and dance contest days. Most of the discussant said these events are days when bad relations start or even occur. One of the male students from the students group mentioned that in their carnival day he saw students drinking alcohol, smoking and having sex their large compound school. He bitterly said "at that day at least 5 student exposed."

Environmental factors predisposing the youth to have premarital sexual .

Schools around business centres are said to be more predisposed to sexual practice. This is because of the existence of the rich and merchants who can manipulate the girl students.

The presence of bars ,Khat , shish a , pool houses, video houses ,couple houses are mentioned environments leading the students to abnormal habits and premarital sexual practice. Internet houses around schools (private)-Adjust porn films which can take 30-40 minutes.

One of the male students from private schools said “there are many pool houses around this area .Some of the students have addiction to the pool house. They smoke and drink there. There are single rooms also. Some of the girls working there could do additional things which add risk to the student.”

Late comer students will not be allowed to enter the compound in many schools hence those students who are late comers will go to video houses around the school. This will increase opposite sex felling which leads to premarital sexual practice.

“Couple houses are rooms prepared for male and female and it will be separated by curtain. They will get there only for sexual act. The areas are slum and you can't identify individuals getting their." a male student discussant from the government school said.

G-business group (girls business group) is common in some areas, there they will do commission work on the girls. They work primarily on students for the foreigners coming to the city. The structure of some of the schools especially those in the government schools said to predispose students to sexual acts. “When we see the stairs in our schools especially after the 3rd floor the rooms are open if you go there suddenly to monitor you can get some body there doing something. For that mater we caught student in the past." male student said.

How much of the students use condom

The responses to this question are different. some say few are using condoms 20%-40% that is few of them use condom. Many reasons for not using condom have been raised. Most youth are said not able to control their feelings. Some may believe condom is reducing their felling some even said using condom may be considered as eating chocolate with its cover. The place where they do sex is not a place where condom is available. The sex is unplanned and most of the times hidden, hence there wont be condom. The culture of buying and using condom is not good. “Even if the awareness about using condom is good the attitude towards condom buying is poor. Even the shop keeper will not be free to sell Condom to the students as other commodities. “One discussant said. Some student may consider condom as if the westerns bring to destroy them hence may not be willing to use. Students who are making sex with students are said not to use condom because they consider HIV is not present among the students, meaning the females are considered as house girls and clean. Some times if some one who wants to use condom the girl friend or boy friend may think they have relation with others and they may be suspicious. With all these reasons some didn’t deny the presence of lack of knowledge about condom and its proper use. One of the students responded to sudden question raised in the discussion among the ant-HIV club members when couples practically use condom she said 2 hours before actual sex.

Availability of RH ,sexual health & HIV services and its functionality

In most governmental schools the RH service and HIV service is existing relative to the private schools .Where it is available most are happy with the service with some reservations on the content and participatory nature of the services to all school students. Some of the private schools focus on academic maters and ignored the RH and Ant-HIV club as some students complain.

The activities in the High schools include giving weekly mini media service on HIV and reproductive health, training to students who are club members .They have also discussion time on relevant RH topics and also experience sharing. “when we discuss on different issues we are open .if some body tells his or one of his friends history some body who is loosing his track will here and return back from his bad ways” said a girl in one of the FGD prepare drama and other entertaining programmes. Peer education was considered as one of the best ways to address the issue of reproductive and HIV issues.

The teachers and the student have many requests. The students requested for open discussion with teachers and family members. Proper education at home how to resist the sexual pressure. The teachers also share this idea .A young teacher in one of the public schools said “ teaching the students at home and having open discussion about peer pressure is important ,Since they want to test every thing we should show them the risk and should give them a life skill education at each level of development.” The organizers in the RH and HIV clubs appreciated the grate contribution done by notable NGOs in their working area. The training they give(specially the life skill development and the peer education trainings ,the materials they provide ,the financial support and their involvement in HIV counselling and testing has been highly appreciated .The fear of the coordinators and some of the teachers is the shift of interest of the NGOs to the lower grades(elementary) forgetting the high schools. However; they advice a non donor dependent service which can sustain it self at all times.”Every single contribution given to us from the NGOS will help us and our students in some way ;but what we should also do is to search a means t make the service self sustainable. The government also put Budget for the RH and HIV service.” a government school teacher suggested. Religious group should work strongly because most people including the youth trust and accept. More work to be done in the government media in a regular manner because the media covers many people including the youth. By doing this we can share the experience of the professionals and some people who passed through that life.

Discussion

Prevalence of premarital sexual practice.

In our study 12.2% (n=378) students had sexual intercourse (Males=80.2%). Among the males the sexual practice was 19.6% and among females 4.8%. The average age of sexual initiation was 15.8 years and the median age was 16 years. Our finding showed a higher sexual practice compared to the BSS study done in 2005, 9.9% (male 14.6% and females 5.3%) though the median age of the sexual initiation was the same (3). The difference could show there is increasing sexual practice as it may be expected as the factors predisposing the youth in to premarital sexual practice in AA are many and multiple. Different Ethiopian studies showed sexual practice higher than the two studies 33.3%(6) and 20%(8). In a study done in North eastern Nigeria high school students in 2004, premarital sexual practice was found to be 13% (males 19% & females 6%) with mean age of 16.1 years (13). In Zambia it was found to be 13.4% (males 16.4%, females 9.7%) (15). We can say that the finding in our study is comparable with the African countries.

In the qualitative study majority of the discussants believe that at least half of the Addis Ababa high school students are sexually active. This idea has been challenged by some discussants. A teacher from one of the focus group discussion said “There is a desire to do sex up to 90% (majority), but active sexual practice is minimal”. In addition to the above reasoning the difference can be explained by as the sexual practice done by some students could be generalized to all students the magnitude of premarital sexual practice may be exaggerated.

Reasons for initiation of premarital sexual practice and environmental factors.

In our study the sexually active students were asked what encouraged their first sex and we can see 46.6% started by their personal interest and 36.4% to get money. Only 4.7% (males=3.4%, females=9.7%) said due to friends pressure and 7.7% forced sex. The BSS study showed 67.1% due to personal desire, 19.3% peer pressure and 15.3% forced sex. The response was different when all students were asked about what pressurize high school students to practice premarital sex where the response was 64.3% said due to peer pressure, 46.4% cheated by gifts and 42.7% due to poverty. From both studies we can see that those who are practicing sex are saying they are doing it because they want to do it. The difference could be explained by what they mean personal desire could have economical or other reasons behind.

In the qualitative study most discussants said that peer pressure, poverty, modernization and recreational type of school programmes are leading the students to sexual practice. In the qualitative study most agree that peer pressure is the main factor followed by poverty. The issue of rape was neglected by many by saying though it could happen once in awhile it is not a major issue. The absence of discussion at family level has been condemned by many to be contributing factor to premarital sexual practice. This fact has been supported by the response of the students in the quantitative study that only 15% of the students discuss about RH issues with their fathers and 11.8% with their mothers.

In the quantitative study students said that environment around school is the main environment predisposing them to premarital sexual practice 61.5% when compared to environment inside school 16.6% and around home 11%. These factors have been discussed in the qualitative study and showed major environmental factors around schools. The fact that the median age of sexual initiation being 16 years old and the presence of these environmental factors predisposing the youth play a role in predisposing them to sex and HIV infection.

Determinant factors of premarital sexual practice among the high school students of AA

In our study Being Male had 2.6 times risk than being female to have sexual practice $AOR=2.6(CI=1.7-4.0)$ and being age grater than 21 has 9 times risk to start premarital sexual practice than age 13-16 years. Being age group 17-20 years had 2.5 times risk than being age group 13-16 years. This finding is also supported by study done in North Eastern high schools of Nigeria where sex and age was found to be correlated with sexual initiation (6, 13).The qualitative study also showed the increasing age contributing to increased sexual practice because the motto of this age is “Test every thing “,hence the youth indulge them selves in testing different things one of them being sex .The predisposition of the male sex to sexual practice more than the female sex could be explained by the freedom the male students have to stay out of the house and school relative to the female students. The use of different environmental factors by male students more than the females and the financial capacity of male students in relative to the females also might contribute to the difference.

When we see the sexual practice along the grades in the multivariate analysis, we see that grade11 and 12 have lower risk than 9 and10, which is totally the opposite of the qualitative study. This could be due to the co-linearity of age and grade. As we said as age increases sexual practice increases, and the grades also increase.

Believing none of once female or male friends have had sex in the past had a lesser chance of having sexual practice than believing none had sex in the past $AOR=0.4(CI=0.2-0.76);0.2(0.1-0.57)$ respectively. This could be due to thinking others are doing sex could pressurize the students to have sex by thinking that every body is doing it why not me attitude which was also reflected in the qualitative study.

Those students who smoke cigarette and use drug have a higher chance of having involved in sex than who don't AOR=2.67 (1.67-4.26); 2.34(1.43-4.10) respectively. This might show that the area where the students spend using these things has additional risk factor which predispose to sexual practice as stated in the qualitative study many pool houses, shisha houses has renting rooms and servants with additional jobs.

Students with a knowledge score greater or equal to 75% knowledge score had 2.4 times risk than those with lower scores AOR=2.4(CI=1.67-3.33). This could be having a better knowledge on the transmission and prevention of HIV may give confidence to practice sex. This could arise from I know it hence I can protect my self attitude.

Disagreeing girls should be Virgin before marriage had 2.3 times risk to involve in to sexual practice AOR=2.32(CI=1.1-4.97). This is also supported by other studies which showed youth who didn't believe the traditional value of preserving virginity until marriage were twice as likely to initiate sex before marriage (7, 12) ..Not believing in females virginity may be related to the intention the student have to do sex. Where there is intention the likelihood that some body will be involved in the specific behaviour will increase.

Condom use in the High schools of AA.

Out of the 378 sexually active students only 45% (n=170) used condom in their first sexual practice. Out of them only 42.9% said they always use condom and only 36% said they use it correctly always. About twenty eight percent of them said they never used condom in their first sex. When we compare it with those who had sex in the past 6 months 68.5% (139) of the recently sexually active students used condom and 86.3% of them claim to use it correctly. Those who didn't use condom this time were about 14%. In the BSS study condom utilization in IYS was 43.1% males using 1.4 times than females (3). The Nigerian study done in 2004 showed condom use in high school students to be only 24 % (13). We can see condom

utilization in AA high schools is low .Correct and consistent use was only about 36 %in the first sex . Even if we compare it with the BSS study after 4 years there is no significant increment in condom use.(45% vs. 43.1%). This could be attributed to our attitude to teach the younger youth about condom which was also reflected in our study. When we see condom utilization in the past 6 months it seems it is better, but we should be careful when we compare it with the fist time Sexual practice which holds wide time gap and increased risk for HIV transmission due to age factor. When we compare condom utilization with the Nigerian study the condom use in our case seems better. In qualitative study most discussants say majority of the youth is not using condom which support the quantitative study.

Reasons for not using condom by High school students of AA.

In the quantitative study we have the major reasons for non use of condom in the sexual practice done in the last 6 months which were unplanned sex 32.8%,no condom with them 26.6%, don't like to use it 25% , partner doesn't like condom 20.3%.In the BSS study reasons given were fear that condom would reduce sexual desire and not thinking over it (40%each)(3). In the qualitative study most of the discussants support the idea of unplanned sex in high school students because it is done in a hidden place with no programming. They said most youth don't control their felling some even consider using condom is as" eating chocolate with its cover". Some students also said to believe girl students are clean and why worry about condom. We can see from the above finding that there are many misconception about condom and even on HIV transmission it self.

Determinant factors of condom use in High schools of AA.

In our study the major determinant factors found to be associated with condom use were age group 17-20 years to have 2 times more chance of using condom than 13-16 years AOR=2.2 (CI=1.15-4.23); Learning in private school AOR=2.2(CI=1.1-4.4). This age difference could be due to the experience on the availability and access of condom in addition to the ability to control sexual feelings in the absence of major substance abuse which is not observed to have association in condom use as the age increases more than that age. The private schools having better utilization of condom could be due to their financial capacity and their ability to control the unplanned nature of the sex done in the high schools and also ability to buy condom with ease to some degree.

In our study we have found Intention to use condom has association with using condom. Those who have very strong intention to use condom have four times higher chance to use condom than with those with no intention AOR=4.2(CI=2.5-6.98). The chance of using condom in those who are happy about the RH service of their school is 2.8 times than those who are unhappy (AOR=2.84(1.13-6.99)). As we mentioned above intention has strong association with the practice of certain behaviour. The students who are happy about their schools RH service had a better chance of using condom may be due to proper knowledge on condom and its proper use which could be learned in the Anti –AIDS club.

Limitations-The main limitations of the study were since the questions under study were sensitive some of the respondents may give wrong information though maximum effort done to convince them. The cross-sectional nature of the study design, measures exposure and outcome simultaneously which make measuring cause and effect relation ship in some variables.

Conclusion

1-A Considerable number of AA high school students practice premarital sexual practice which is comparable with the previous studies in Ethiopia and in some African countries.

2-Majority of the sexual practices were unplanned and significant number of students do sex for money (36%) and with high risk groups (8.8%).

3-Environment around high schools and recreational programmes has been blamed by many students and teachers to predispose the youth to premarital sex and HIV.

4-Age and sex are found to have association in the sexual practice of AA high school students.

5-The believe about once friend sexuality, use of cigarette and drugs, knowledge about HIV/AIDS, attitude towards female virginity found to have association with premarital sexual practice.

6-Less than 50% AA high school students use condom in their first sex.

7-The unplanned nature of sexual practice and presence of some misconceptions about condom and HIV transmission led students to non use of condoms.

8-Age, type of school, intension to use condom and being happy about RH/Anti AIDS service are found to have association with condom utilization.

9-Very few students discuss about RH/HIV issues with their father (15%) and mothers (11.8%) in high school student families and prefer to discuss with other relatives (58%).Most students want regular discussions about reproductive health issues with their immediate family to pass the challenges of premarital sexual practice and substance abuse which endanger their life and carrier.

10-Sixty percent of the students reported that there is no RH/Anti HIV/AIDS service in their schools.

Recommendations

1. Applying the existing Adolescent and youth sexual health strategy (2007-2015) with due emphasis given to in school youth.
2. Making mandatory the existence of RH/Anti-AIDS club in each school and following its functionality with multiple educational approaches.
3. Mini media programmes to be prepared at proper time according to age group and the students programme. More members should be encouraged to participate and all opportunities coming to the Anti-Aids club should be shared among the students.
4. Educating grade 9 and 10 students on sexuality, substance abuse, life skill development and HIV/AIDS prevention (with emphases on advantage of abstinence and misconception about condom).
5. Stop those recreational type programmes in the high schools which predispose the youth to sexual practice and watch other programmes which lead to it responsibly.
6. Find an alternative means of punishment to those who are regular delayers rather than sending back out of school which force them to go to risky environment.
7. Create an income generating activity which support those students who go to sexual practice do to financial problem which by it self support the RH and Anti-AIDS club.
8. Work to improve family discussion on sexual matters according to the age of the student.
9. Protecting the school environment from hazardous business centres, drug sellers, bars, Khat, shish a, pool, video houses in collaboration with the legal bodies.
10. To use government mass media to educate the in school youth in a regular manner.
11. Integrated work on the high school students from family, school, kebele, sub city, NGO, Religious organizations in educating, counselling and mentoring.

References:-

1. UNAIDS: Reporting on global HIV/AIDS epidemic, HIV prevention. 2008.
- 2 .Federal Ministry of Health /National HIV/AIDS Prevention and Control Office (HAPCO): AIDS in Ethiopia sixth report. Addis Ababa: 2006.
- 3.Minstry of Health ,Department of Community Health Addis Ababa University ,HIV/AIDS Prevention and Control Office :HIV/AIDS Behavioural Surveillance Survey (BSS) ,Ethiopia 2005 (round two).Addis Ababa University ,Medical faculty, Department of Community Health;2005:49-66.
4. Ethiopian Demographic Health Survey (EDHS),Ethiopia 2005:213-244.
- 5.Ludicke F, Stalberg A, Vassilakos P, Major AL, Campana A: High- and intermediate-risk human papilloma virus infection in sexually active adolescent females. *J Paediatric Adolescent Gynecol* 2001, 14:171-4
- 6.AddisAbaba City government Education Bureau (AACGEB),report on Addis Ababa High school students,2008.
- 7.AssefaS,Desslegn W ,Premarital sexual practice among school adolescents in Nekemt town East wollega; a result from cross-sectional study .*EJHD* 2008;22(2):167-173
- 8.AdamuR,samuelM,IngedashetS.patterns and correlates of sexual initiation ,sexual risk factors, and condom use among secondary school in Ethiopia. *Ethiopia Medical journal*2003;41.
- 9.Mitike Molla, Yemane Berhane ,bernant Lindtjorn. Traditional values of virginity and sexual behaviour in rural Ethiopia youth; results from across sectional study .*BMC public health* 2008;8:9

10. Girma B; Assefa D; Tushune K. Determinants of condom use among Agaro High school students using behavioural models. *Ethiopian journal of health development* 2004;18(1),25-30.
11. Korra A, Haile M. Sexual behaviour and level of awareness on reproductive health among youth. Evidence from Harar, Eastern Ethiopia. *Ethiopia journal of health development* 1999;13(2):107-113.
12. Zelalem Fekadu. casual sex debuts among female Adolescents in Addis Ababa, *Ethiopian Journal of health development*. Volume 15 number 2 August 2001.
13. Ismael, Bitsuamlak H, Alemuk. High Risk sexual Behaviour for STD/HIV, pregnancies and contraception among high school students in a rural town, North western Ethiopia. *Ethiopian journal of Health Development* 1997,11(1):29-36.
14. Adesegun O, Fatusi R, Blum R W. Predictors of early sexual initiation among a nationally representative sample of Nigerian adolescents *BMC Public Health* 2008, **8**:136doi:10.1186/1471-2458-8-136.
15. Ademola J, Ajuwon, Adeniyi, Olaleye, Banji, Faromofu, Oladapo, Ladipo. Sexual behavior and experience of sexual coercion among secondary school students in three states in North Eastern Nigeria. *BMC Public Health* 2006, **6**:310doi:10.1186/1471-2458-6-310.
16. B. Slap G, Lot L, Huang B, A. Daniyam C, M. Zink T and A. Succop P- Sexual behaviour of adolescents in Nigeria: cross sectional survey of secondary school students, *BMJ* 2003;326(7379);15-18.
17. Seter Siziya, Adamson S, Muula, Lawrence N, Kazembe, Emmanuel, Rudatsikira. Harmful lifestyles' clustering among sexually active in-school adolescents in Zambia. *BMC Pediatrics* 2008, **8**:6doi:10.1186/1471-2431-8-6.

18.Koffi AK,Kawahra K.Sexual abstinence behaviour among never married youth in a generalized HIV epidemic country :Evidence from the 2005 Cote d'Ivoire AIDS Indicator Survey.

19.Lee LK,Chen pcy, LeeKK,Kaurj .Premarital sexual intercourse among adolescent in Malaysia .A cross sectional Malaysian school survey .Singapore Med J 2006 ;47(6):476.

Consent form for self administered questionnaire prepared for high school students in Addis Ababa.

Introduction

This survey is conducted in collaboration with ACIPH & University of Gonder and the purpose of the study is to assess the prevalence of premarital sexual practice and condom use in high school students in Addis Ababa. The study will help us to identify existence and causes of premarital sexual practice so that we can use the information to generate strategy to prevent HIV in students in high schools.

The questionnaire contains personal questions please note that your answers are completely confidential. Your name will not be written on the form, and will not be used for other purposes. If there are questions which you don't want to answer you can skip the question. However, your honest answers to these questions will help us what students think and do about certain behaviours. We appreciate greatly your help in responding to this survey.

If you are willing to participate please sign on the questionnaire; if not thank you and you can leave the room.

Signature of the attendant-----

Signature of facilitator-----

Date-----

IDENTIFICATION OF THE QUESTIONNAIRE

1. Name of the school

Section-1: socio-demographic characteristics

S.No	Questions	Alternatives	Code
101.	What is your sex	1. Male 2. Female	
102.	What is your age?(completed years)	-----	
103.	What is the type of school you learn?	1. Government/public 2. Private 3. Others(church , Mission ,mosque ,NGO)	
104.	What is your grade?	1)9 2)10 3)11 4)12	
105.	What is your ethnic group?	1.Amhara 2.Gurage 3.Oromo 4.Tigray 5.Others specify-----	
106.	What is your Religion?	1.Orthodox 2.Catholic 3.Protestant 4.Muslim 5.Traditional 6.Others Specify -----	
107.	What is your Marital status?	1.Never married 2.Married 3.Divorced 4.Separated 5.Widowed 6. Not married but living with my sexual partner. 7.Others(specify)	

108.	With whom are you living?	1.With father and mother 2.With father only 3.With mother only 4.With other relatives 5.With marital partner 6.With sexual partner 7.With my aunts 8.Others specify-----	
109.	What is your Fathers level of education?	1.No education 2. primary education 3.Secondary education 4.Post secondary education	
110.	What is your Mothers level of education	1.No education 2. primary education 3.Secondary education 4.Post secondary education	
111.	What is your mother's occupation?	1. Civil servant 2. Teacher 3. Housewife 4. Merchant 5. Driver 6. Farmer 7. Daily labourer 8. Housemaid 9. Others, specify _____	
112.	What is your father's occupation?	1. Civil servant 2. Teacher 3. No work 4. Merchant 5. Driver 6. Farmer 7. Daily labourer 8. Mechanic 9. Others, specify _____	
113.	What is your Family approximate income Per month?	1)<500 2)500-1000 3)1001-5000 4)>5000	

Section2 :Knowledge and attitude about HIV and sexually transmitted diseases.

S.No	Questionnaire	Alternative	Code
201.	Is it possible for a healthy-looking person to have the AIDS virus?	1. Yes. 2. No.	
202.	How is HIV transmitted? (Multiple answers are acceptable)	1.By unprotected sex 2. From mother to child 3. From sharing of sharp objects 4. From blood transfusion 5. Shaking hand with infected person 6. Kissing infected person 7. From mosquito bites 8. Other, please specify _____ 9. Don't know	
203.	How can the virus that causes AIDS is be transmitted from a mother to her baby?(Multiple answers are possible)	1.During pregnancy 2.During delivery 3.During breast feeding 4. I don't know.	
204.	How can people prevent themselves from getting HIV/AIDS?	1. Abstinence 2. Being faithful to one partner. 3. To use condoms. 4. Do not share sharp items with AIDS-person. 5. To use mosquito net 6. 7. Other, please specify _____ 8. Don't know	
205.	It is possible to cure AIDS	1.Agree 2. Disagree. 3.I don't know	
206.	Apart from HIV/AIDS, there are other diseases that men and women can catch by having sexual intercourse.	1.Yes 2.No	
207.	What are the signs and symptoms of a sexually transmitted disease in a man/Woman? CIRCLE EACH MENTIONED	1. Discharge from penis/vagina 2. Pain during urination 3. Ulcers/sores in genital area 4. Others, specify ----- 5. Don't know any signs	

208.	Q208. Is there anything a person can do to avoid getting a sexually transmitted disease? (MULTIPLE ANSWERS ARE ACCEPTABLE)	1. Use of condom 2. Avoiding casual partners 3. Abstinence 4. Avoiding commercial sex workers 5. Using herbs 6. Other, specify _____	
209.	Q209. Children 12-14 years old should be given education about condom to prevent AIDS.	1. Agree 2. Disagree 3. I don't know.	
210.	Q210. Have you ever seen condom out of its pack?	1. Yes 2. No	
211.	Q211 .Do you have the right knowledge about storing ,opening and using condom.	1. Yes 2. No	
212.	Q212 .Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	1. I agree 2. I don't agree 3. I don't know.	

Section3: Sexual Belief and norms.

301.	Q301 .Girls should remain virgins until they marry.	1. Agree 2. Disagree	
302.	Q302 .Boys should remain virgins until they marry.	1. Agree 2. Disagree 3. Not sure.	
303.	Q303 .How many of your Female friends have had sexual intercourse?	1. Many 2. Some 3. A few 4. None 5. Not sure	

304.	Q304. How many of your male friends have had sexual intercourse?	1.Many 2.Some 3.A few 4.None 5.Not sure	
305.	Q305. As student of this school which environment can lead high school students to sexual intercourse ?	1-School environment. 2-Home environment. 3-environment around the school. 5.Others specify-----	
306.	Q306 .As student of this school which environment can lead high school students to sexual intercourse ? (Multiple answers are possible)	1-There is no environmental factor 2-peer pressure. 3-male/female friends. 4-Loneliness. 5.cheated by gift. 6.because of poverty, as a means of income. 7.Rape 8.Others Specify.	

Section4: Non sexual risk behaviours.

S.No	Questionnaire	Alternative	Code
401.	Q401 .Have you ever smoked a cigarette?	1. Yes 2. No	
402.	Q402 .If your answer is yes, during the past month, about how many cigarettes or packs of cigarettes per day have you smoked?	1. None 2. 1 - 10 cigarettes 3. 10 - 20 cigarettes 4. More than 20 cigarettes 5. Don't remember	

403.	Q403 .Have you ever used any drug to make you feel high?	1. Yes 2. No	
404.	Q404 .If your answer is yes for the above question;what drugs have you used? (MULTIPLE RESPONSES POSSIBLE)	1. Heroin 2. « Khat » 3. Cocaine 4. Marijuana 5. Benzene 6. Other, specify _____	
405.	Q405. During the past month, how often did you take this/these drugs?	1. Once in a month. 2. Once in a week. 3.2-4 times in a week. 4.Daily. 5.others,Specify.	
406.	Q406. Have you ever drunk “Tella” or beer?	1. Yes 2. No	
407.	Q407 .If your answer is yes, How frequently do you drink “Tella” or beer ?	1. On holidays 2. Once in a month. 3. 3-4 times in a week 4. Once in a week 5. Daily. 6. Others Specify.	
408.	Q408 .Have you ever drunk Strong Alcohol?	1. Yes 2. No	
409.	Q409 .If your answer is yes, How frequently do you drink Strong Alcohol?	1.On holidays 2. Once in a month. 3. Once in a week 4.2-4 times in a week 5. Daily. 6.Others Specify.	
410.	Q410 .Have you been drunk in the past 6 month?	1. Yes 2. No	

Section 5: Sexual history and activity.

S.No	Questions	Alternatives	Code
Q501.	Did you have sexual intercourse in the past?	1.Yes 2.No	Objective-1
If your Answer is no please go to section six.			
Q502.	At what age did you start to have sex?	At-----Years old.	
Q503.	Were you married when you had your first sex?	1.Yes 2.No	Objective-1
Q504.	With whom did you do the first sex?	1.With boy/girl friend. 2.With teacher 3.With sex worker 4.With merchant 5.With my husband 6. Others specify.....	
Q505.	What was the age of the person you had the first sexual intercourse?	1.Equal age as my age 2.>10 years than my age 3.<10 years than my age 4.Don't know	
Q506.	Would you say it was planned or unexpected?	1. Planned 2. Un planned/Unexpected/	
Q507.	The first time you had intercourse, were you forced into it against your will?	1. Yes 2. No 3. Don't remember	

Q508.	What were the factors that encouraged you for the first sex?	1. Alcohol 2. Films 3. False premises 4. Personal interest 5. After taking of drugs 6. Love 7. Friend pressure 8. Rape 9. During Chat chewing 10. Getting gifts 11. Getting money 12. Others, _____ specify	Objective-3
Q509.	Did you use condom when you had the first sex?	1. Yes 2. No	Objective-2
Q510.	Some young people are forced to have sexual intercourse against their will by a stranger, a relative or an older person. Has this ever happened to you?	1. Yes 2. No	
Q511.	Some young people pay /receive money or gifts in exchange for sexual intercourse. Has this ever happened to you?	1. Yes 2. No	
Q512.	How frequent do you use condom?	1. Always 2. Most of the times. 2. Sometimes 3. Never	
Q513.	Do you think you were using the condom correctly (following the instruction on the condom) when you use it?	1. Always 2. Most of the times 3. Some times 4. Never.	
Q514.	What is your intension to use condom in your future intercourse?	1. Very strong intent 2. Some intent 3. No intent	
Q515.	Did you have sex in the last six months?	1. Yes 2. No	
Q516.	With whom did you have sex this time?	1. With boy/girl friend. 2. With teacher	

		3.With sex worker 4.With merchant 5.With my husband 6. Others specify.....	
Q517.	What is the age of your sexual partner this time?	1.Equal age as you are 2.>10 years than your age 3.<10 years than your age 4. Does not know.	
Q518.	Did you use condom this time?	1.Yes 2.No	Objective-2
Q519.	If your answer is yes, Do you think you were using the condom correctly (following the instruction on the condom) when you use it?	1.yes 2.No	
Q520	If you didn't use condom, What was the reason? /Multiple answer is possible/	1. I didn't have condom with me. 2.The sex was unplanned 3.There was no condom around us. 4. It was expensive to buy condom. 5. I don't like to use condom. 6. My partner didn't like to use condom. 7. I didn't know how to use condom. 8. Others specify.	
Q521.	Did you or your partner do anything to avoid pregnancy?	1.Yes 2.No	
Q522.	MALES: Have you ever made a girl or woman pregnant? IF YES How many times?-----	1.Yes 2.No 3. Don't remember.	
Q523.	FEMALES: Have you ever been pregnant? IF YES How many times?-- -----	1.Yes 2.No 3. Don't remember.	

Q524.	FEMALES: Have you ever had an abortion?	1. Yes 2. No	
Q525.	If your answer is yes; How many abortions did you have ?	1.One 2.Two 3.more than two 4.Others specify-----	
Q526.	Was the abortion an induced one or spontaneous?	1. Induced 2. Spontaneous	
Q527.	If the abortion was an induced one, how did it take place?	1. It was self induced 2. It was induced by a health professional outside of a health facility. 3. In a government health facility. 4. In private health facility. 5. It was induced by a lay provider 6. Other, specify _____	
Q528.	Have you ever had a sexually transmitted disease? IF YES Once or more than once?	1.No 2.Once 3.Two times 4.More than two times. 5.Others specify----- ---	
Q529.	If you are married do you have Another sexual Partner out of your marriage at present?	1.Yes 2.No	
Q530.	Did you use condom this time?	1.Yes 2.No	
Q531.	Do you think you were using the condom correctly (following the instruction on the condom) when you use it?	1.yes 2.No	
Q532.	If you didn't use condom, What was the reason?	1. I didn't have condom with me.	

	/Multiple answer is possible/	2.The sex was unplanned 3. There was no condom around us. 4. It was expensive to buy condom. 5. I don't like to use condom. 6. My partner didn't like to use condom. 7. I didn't know how to use condom. 8. Others specify.	
--	-------------------------------	---	--

Section 6: For those who have never experienced sexual intercourse

S.NO	Question	Alternatives	
People may have mixed reasons for not having sexual intercourse. Please circle which applies for you.			
Q601	I do not feel read to have sex	1.Applies 2.Not applies 3.Do not know	
Q602	I think that sex before marriage is wrong	1.Applies 2.Not applies 3.Don't know	
Q603	I am afraid of getting pregnant/I am afraid of making my friend pregnant.	1.Applies 2.Not applies 3.Do not know	
Q604	I am afraid getting HIV/AIDS or another Sexually transmitted disease.	1.Applies 2.Not applies 3.Do not know	
Q605	What is your plans about your future sexual intercourse	1.Wait until marriage 2.Wait until engagement 3.Wait until I get a friend 4. I don't want to wait.	
Q606.	DO you feel any pressure from others to have sexual intercourse?	1.Yes 2.NO	
Q607.	From whom do you fell pressure?	1. Partner/special Friend . 2. From other Friends.	

		3. From teachers. 4. From relatives 5. From youth around the school (those who don't have work) 6. From merchants. 7. Others-specify-----	
Q608.	Which factors do you think contributed much for Avoiding premarital sex? (Multiple answers are possible)	1. My family 2. My friends 3. My religiosity 4. MY knowledge on the risks of premarital sex 5. MY school environment 6. Others specify.	
Q609.	Concerning your self, even if you don't have premarital sexual practice at present, What do you think forces you to be involved in it?	1. Alcohol 2. Films 3. False premises 4. Personal interest 5. After taking of drugs 6. Love 7. Friend pressure 8. Rape 9. During Chat chewing 10. Getting gifts 11. Getting money 12. my personal attitude. 13. Others, specify -----	

Section7: Use of Pornographic Materials .

S.No	Questions	Alternatives	Code
Q701.	Have you ever viewed pornographic material?	1. Yes 2. No	Objective-3
Q702.	How old were you when you first viewed pornographic materials?	Age: _____ years	
Q703	Have you viewed pornographic materials in the last six months?	1. Yes 2. No	

Q704.	If your answer is Yes, how many times?	1. Once in a month. 2. Once in a week. 3. 2-4 times in a week. 4. Daily. 5. Others, Specify.	
Q705.	What type of pornographic materials did you view the last time?	1. Newspaper 2. Magazine 3. Book 4. Movie 5. Photograph 6. Other, specify _____	
Q706.	Where did you get such materials	1. from home 2. from school 3. from female friends 4. from male friends 5. from Book shops. 6. Other source (specify).....	
Q707.	Do you think using these materials affect your sexual practice?	1. yes 2. No.	
Q708.	Some young people/females are touched on the breast or some other part of the body when they do not want to be, by a stranger, a relative or an older person. Has this ever happened to you?	1. Yes 2. No	
Q709.	If your answer is yes, by whom?	-----	
Q710.	What is the frequency at which this happens?	1. Rarely 2. Sometimes. 3. Most of the times. 4. Others specify-----	

Section8: Questions on reproductive services &relationships.

S.No	Questionnaire	Alternative	Code
Q801.	Where do you get information on sexual health?	1-At home 2-At school 3-By personal reading 4- From radio 5-From TV 6-others-specify	
Q802.	With whom do you most prefer to discuss Sexual matters?	1. Mother 2. Father 3. Brother 4. Sister 5. Relatives 6. Friends 7. Boy friend /girl friend 8. Husband/Wife 9. Health professional 10.Religious leader 11.Peer educator 12. Others, specify----- ----	
Q803.	How do you measure your day to day relation ship and closeness with your family?	1.Very good 2.good 3.Bad 4.very bad.	
Q804.	How do you measure your day to day relation ship and closeness with your School?	1.Very good 2.good 3.Bad 4. Very bad.	
Q805.	How do you measure your present performance at school?	1.outstanding 2.Average 3.Poor	
Q806.	Is there a service in the school regarding RH and sexual health?	1.yes 2.No	
Q807.	Are you happy about the RH ; sexual health and HIV/AIDS service in your school?	1.yes 2.No	

Q808.	Do you know of a place where people can go to get tested for the virus that causes AIDS?	1.Yes 2.No.	
Q809.	If you know Where it is done; Which one of the following do you know?	1. Government health institution. 2.private health institution 3. Non –governmental organizations. 4. Others specify.	
Q810.	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	1-Yes 2-No.	
Q811.	When was the last time you were tested?	1. With in the last 12 months. 2.One to two years. 3.More than two years.	
Q812.	Where was the test done?	1. Government health. 2.private health institution 3. Non –governmental organizations. 4. others specify.	
Q813.	If you have done HIV screening test, What was the reason?	1.To know my status 2.Before having relation with my partner 3. Because of free service available in our area. 4. Because our school provide free HIV counselling and testing service. 5.My friend forced me to do the test 6.Others specify-----	
Q814.	I don't want to know the results, but did you get the results of the test?	1.Yes 2.No	
Q815.	If you don't do HIV screening test, What is the reason?	1. I don't know where it's done. 2.because of my age 3. I am a fried of screening test. 4. I didn't think over it. 5. There is no screening facility around us. 6.I have no money 7.Others specify-----	

I 2^f aT± rNCYr Iîsv EMē T. ¼~r fpš¶
£ôg^a „}r L ^Á ÚYN

L · Ié|

“C ¼~r I†«é^ çr}qG °î~ t°mli r/lîr ^~ Iµø^aY x}ðBY^pi rnnY
£Mē T. \éDç £¼~pj –FM IÀEp^f aT± r/lîr |Eâ ' »r pMV•v Š¶nu lÖr
|Ft' ç £' \én J''' r~ ' ašC J''' r ^ç«éµlâ £Mē| ^µ- «è" t' ç Aâ}q•v
EL µNµN ^~ ^W]t' ç £Mē nelrç L çµ- EMd- fpš¶ }' â:

¼|h•tý £· G J''' rç £MēŠâ léd}âN I¼ni Mē¼Y £Mē| Šâ ~t' â: ^N•
I¼|h•tý F'' t'' ÑÜN:: £¼~pj ' °îrN EEİF –FM t'' âGN:: EêL G]ót' â
£M'' ÔG¹t' â ¼|h•v <Eâ Eép" t' â ''vFEâ: D N E¼|h•tý £Mē° âr NFb
£' »svç mCY'' EM' i ^3. ^EMē i L ç ^ç«éL G]ót' â ^~ITqqEç:

µéšî•rç ' ^a' â ¼|h•tç EL L E\ Ûg^af ŠD}â ŠšC d¼Eø mE' â oq F''
ÖYM•rç |}âU:: Ûg^af <GD}â · ç (EÛEç rp' â EêBkè ''vFEâ:

fp]qÖ' â ÖYM _____

£†^pmmV' â ÖYM _____

dç _____

£L ° ¨ e L T±

1. £r NCYr lîpj ^N _____

£ÛG 1 †° gF¨ £· E\lâ L T±

p.e	¼ h	L G^	-
101	Óq• N¿- ¿ }' à?	1. ' ¿- 2. \îr	
102	mEÖ' à £Gª r d¿• ¿ \ê ŠnU ^- Mð• ^¿r }lY?	-----L r	
103	£MðMUIr r/lîr N¿ -¨}r }' à?	1. £L ¿· ^r/£Cœn 2. £· G 3. EiEøv/l î/£Y^pî ¿@Mð¿@ L ^Šê- @ L ¿· ^q" î GD} - Y³ r/	
104	£^¿pf £ÛG pMV }• r?	-----	
105	££r f' à nHiY †mG }• r?	1. †MW 2. µāWµî 3. %ZO 4. r· X 5. EiEøv /¨ µEØ/ -----	
106	£MŠpEär B¨M r N¿- ¿ }' à?	1. %Ys®£^ £Y^r ~ 2. < sEê£ 3. ÝZpðq¿r 4. ^ ^GN~ 5. mCF" î 6. EiEøv /¨ µEØ/ -----	
107	†· np" G?	1. †FµmAâN 2. †· nuEAâ 3. p×ruEAâ 4. pE ¨ uEAâ 5. mElîpð OpG/Ev/ 6. Š' ¿- /îr £' \én ¹ªf ¶Y ^ WEAâ 7. EiF < E ¨ µEØ	
108	£Mð Ur ŠM¿ ¶Y }' à?	1. Š^~r ~ †mpð ¶Y 2. Štmr ¶Y nu 3. Š^~r ¶Y nu 4. ŠEiEøv šL ®v ¶Y 5. Šr «Y ¹ªf ¶Y 6. Š' ¿- /îr £' \én ¹ªf ¶Y 7. Š† stð ¶Y 7. EiF < E ¨ µEØ -----	

109	£†mr • £r NCYr ^a T± N _¿ CG }' ¿?	1. †GpMTN 2. £L ⁻ L V ^a T± r NCYr 3. A¿Epf ^a T± r NCYr 4. ŠA¿Epf ^a T± r NCYr IF''	
110	£^~r • £r NCYr ^a T± N _¿ CG }' ¿?	1. †GpMTvN 2. £L ⁻ L V ^a T± r NCYr 3. A¿Epf ^a T± r NCYr 4. ŠA¿Epf ^a T± r NCYr IF''	
111	£^~r • ^W N _¿ -¿}' ¿?	1. £L ¿· ^r \Wpf 2. †^pMV 3. £lîr ^L lîr 4. }¶¬ 5. ' ØY 6. µl X 7. £d¿ PWpf 8. £lîr ' ¿^¼ PWpf 9. EiF <E ''µE0	
112	£†mr • ^W N _¿ -}' ¿?	1. £L ¿· ^r \Wpf 2. †^pMV 3. ^W £E' ¿N 4. }¶¬ 5. ' ØY 6. µl X 7. £d¿ PWpf 7. L <}£ 8. EiF <E ''µE0	
113	†° gF'' £lîp\ñ • · Nq" i µl é l' Y N _¿ CG }' ¿?		

ÆÜG 2: ^E †îv †'' Bê ^~ £†mFŠY l bq • v ~' ¿dr ~ †L E<Šr¿
EM' i £pŠ¶⁻ ¼|h

p.e	¼ h	L G^	-
201	° i}f £M¿L ^E¿ \•v £†îv †'' Bê à''T^ p' <Mê E¿D}¿ ''vFE¿? ''C †mmG	1. rÆEG }' ¿ 2. rÆEG †''^EN	
202	†îv †'' Bê £M¿pFE0' ¿ ^¿~r }' ¿? /Š†¿- IF'' L L E^ ''uFG/	1. ¼¿gh l µ ^a E' ¿ ' \én 2. Š^~r ' ^ G ³ 3. l p l ŠE¿ ^G }µZv 4. £p l ŠE ^N l L ' ¿\~ 5. à''T¿¿ Elr¿ \ ' ¿ l L ¾l ¼ 6. à''T¿¿ Elr¿ \ ' ¿ l L]N 7. l' m r¿„ †M<„}r 8. EiF <E ''µEÎ	

		9. †F' ai N	
203	tî- ^z EMē L »' à à''T^ Š~r ' a G³ ^z-r ''pFExG? /Štž- IF'' L L E^ ''uFG/	1. I^Y- œ~ µēšī 2. I' Eē- µēšī 3. IM¼mr µēšī 4. †F' ai N	
204	\•v W]t' ž Štîv †'' Bē ^z-r ''° ngEā?	1. Š· nT ^ŋ · ž, ž)r I L qdn 2. Etž- ¹af qM,, I L Dž 3. ž®N I L ° dN 4. tî- ^ Elr \ ' à p° dL I r ^G }µY mEL ° dN 5. tî- ^ †Elr pnEø ŠMqL ž \ ' à ŋY mEL }<r 6. EiF <E ''µEð 7. †F' ai N	
205	#tî- ^z ŌĪ O M«ž ''uFG; I ŠēC †mmG@	1. ^ ^MMEAā 2. †G^MMN 3. †F' ai N	
206	Štîv †'' Bē EiF I· nT ^ŋ · ž, ž)r fMipFEŌ I bq•v †Eā?	1. †• †Eā 2. fEāN	
207	I' ž®v~ I \isv F'' f†mFŠY I bq NGĒr fD}' à Er f' à }' ā? /Štž- IF'' L G^ ''uFG/	1. ŠnGr fMē » Ō]b 2. \ē' }ā Mg° G 3. InGr †<ml ā e^Er 4. EiF /''µEð/ 5. NžN †''}r NGĒr †F' ai N	
208	\•v f†mFŠY I bq ^z«''>t' à M- T· fMivEār ^z-r }' ā? /Štž- IF'' L L E^ ''uFG/	1. ž®N L ° dN 2. - žµpf ' \ēn †EM- T· 3. Š· nT ^ŋ · ž, ž)r L qdn 4. Š\ipf †«V•v ŋY · ž, ž)r EM- T· 5. mCF'' i L - B}r L ° dN 6. EiF <E ''° d^	
209	Š12-14 †L r Eā G´v tî- ^z EL ŠFŠG ''uG šž- ^E ž®N r NCYr Eē\»t' à ''µmG?	1. ^ ^MMEAā 2. †G^MMN 3. †F' ai N	
210	ž®N ŠM' µē ' à ' ā¼ †' ā¼p' à †' p' à ' āgEā?	1. †• †' gEAā 2. †F' ai N	
211	ž®N IrĒĒEf' à oq ^EM^dL ¼@ ^EL ŠŌr~ ^EL ° dN rĒĒEf ^' ādr †E•r?	1. †• †E,, 2. fE,, N	
212	\•v AāGµēšī IrĒĒG ž®N Iē° dL ā Etîv †'' Bē fL ŋE¼ ^- Ft' ž Eēdž\ā ''vFEā? I ŠēC †mmG	1. ^ ^MMEAā 2. †G^MMN 3. †F' ai N	

ÆÙG 3 :- ^E· nT ^¶ · ¿, à}r ^N}sv~ GM®v

p.e	¼ h	L G^	-
301	\isv ^ ^ŠMē µlā - T^ E· nT ^¶ · ¿, à}r M- T· fEmt' àN? IŠéC †mmG	1. ^ ^MMEAā 2. †G^MMN	
302	' ¿®v ^ ^ŠMē µlā - T^ E· nT ^¶ · ¿, à}r M- T· fEmt' àN? IŠéC †mmG	1. ^ ^MMEAā 2. †G^MMN 3. †F' āi N	
303	N¿ CEā E\ir 1ª...v• E· nT ^¶ · ¿, à}r ªY¶Eā?	1. †n>...tý 2. ¼fstý 3. †¿«¿®tý 4. M¿N fEN 5. †F' āi N	
304	N¿ CEā E' ¿- 1ª...v• E· nT ^¶ · ¿, à}r ªY¶Eā?	1. †n>...tý 2. ¼fstý 3. †¿«¿®tý 4. M¿N fEN 5. †F' āi N /L T±' ā fE„ N/	
305	^¿ª AāEpƒªT± pMV}r• pMV•v¿ 'ª · nT ^¶ · ¿, à}r fMāL W' ā fƒ' ā †<mlé }' ā?	1. rNCYr līr †<mlé 2. L V †<mlé 3. r/līr ŠāV Eā †<mlé•v 4. EīF <E ° d^ -----	
306	I ^Y^• ^°q fAāEpƒªT± pMV}r• pMV•v¿ 'ª · nT ^¶ · ¿, à}r ^¿«éµlā fMāµ×t' ā N¿- }' ā? /Š†¿- IF° L G^ ° uFG/	1. N¿N fMāµ× }µY fEN 2. f1ª...v • Ör 3. E' ¿- /E\ir 1ªƒ • Ör 4. nt„}r 5. I ^½q LªEG 6. I }āZ v• Y Nf¿ r µl é EM• , r \émG 7. †^µ- ® LªÖY 8. EīF <E ° d^ -----	

ÆUG 4:- Š' \én ' àÀ |Eà mJ V|r

p.e	¼ h	L G^	-
401	\e¶W †Ã \ ' à ' àgEà	1. †' àgEAà 2. †F' ài N	
402	EF'' f' à ¼ h L G^• †' àgEAà ŠD} mEO' à ' Y N¿ CG \e¶W †Ã \ " G?	1. N¿N 2. Š1-10 3. Š10-20 4. Š20 F'' 5. †F^q' à^N	
403	^İv¿ p° i L ' à ' àgEà?	1. †' àgEAà 2. †F' ài N	
404	EF'' f' à ¼ h L G^ †' gEAà ŠD} Èr f' ¿ p° i L ' à ' àgEà? /Š†¿- F'' L G^ '' uFG/	1. HiZ'' ¿ 2. Á r 3. Ši'' ¿ 4. MV'' ~ 5. ¿Š¿¿ 6. EiEov < Eà '' µEØ -----	
405	È~Ī p° gMē ŠD}à mEO' à 1 ' Y N¿ CG p° i L " G?	1. ' Y †¿- µēŠi 2.]N¿r †¿- µēŠi 3.]N¿r 2-4 µēŠi 4. Ed}à 5. EiF < E '' µEØ	
406	° F ' '' N eW ° ¼p' à ' àgEà?	1. †' àgEAà 2. †F' ài N	
407	EF'' f' à ¼ h L G^ †' àgEAà ŠD} N¿ CG?	1. -G d~r 2. ' Y 1 µēŠi 3.]N¿r 3-4 µēŠi 4.]N¿r 1 µēŠi 5. Ed}à 6. EiF < E '' ° d^	
408	Š eW EiF ° ¿ŠY E †G G L ° ½v¿ ° ¼p' à ' àgEà?	1. †' àgEAà 2. †F' ài N	
409	EF'' f' à ¼ h L G^ †' àgEAà ŠD} N¿ CG?	1. -G d~r 2. ' Y 1 µēŠi 3.]N¿r †¿- µēŠi 4.]N¿r 2-4 µēŠi 5. Ed}à 6. EiF < E '' ° d^	
410	L ° ¼ ÈMē° à ŠD} mEO' à 6 ' Wr L ° ¼ ° ¼p' à \ET' à ' àgEà ?	1. †• \EX } Y 2. †G\ŠYŠàN	

ÆÛG 5:- £· G £' \én C'' ' r¿ I pL EŠp £' » ¼|h

p.e	¼ h	L G^	-
501	ŠšC IÖr £· nT ^¶ · ¿, à}r t- Yµ' à ' àgEā?	1. t• t' àgEAā 2. tF' ài N	
EF'' f' à ¼ h L G^• tF' ài N ŠD} ^m£· ¿ ' a ÆÛG ^- ^r '' Bkè			
502	£· nT ^¶ · ¿, à}r £-L Ur I £r f' à ^ - Mò }' ā?	I----- tL pò }' ā	
503	£L -L V ' à¿ £· nT ^¶ · ¿, à}r \é ^a Yµā t· np' ā }IY?	1. t• t· ntò }IY 2. tFµmAAiN	
504	£L -L V ' à¿ £· nT ^¶ · ¿, à}r ^a Tµār ŠM¿ ¶IY }' ā?	1. ŠÜi TfŠ ^{1a} fŠ ¶IY 2. Št^pMV ¶IY 3. Š\ipf t«V ¶IY 4. Š}¶- ¶IY 5. ŠmEI îpò ¶IY 6. EiF <E ''° d^ -----	
505	£L -L V £· nT ^¶ · ¿, à}r ^a Tµār \ ' ā ^ - Mò I· Nr N¿ CG }' ā?	1. Š^Y^• ^ - Mò ¶IY £MāL]\G 2. Š10 -L r I F'' £Mā G¼• 3. Š10 -L r I qv £Mē ¿^• 4. tF' ài N	
506	£L -L V £· nT ^¶ · ¿, à}r N¿ -''}r }IY?	1. £qd ^a 2. Gqd ^a /- ¿µpf/	
507	£L -L V £· nT ^¶ · ¿, à}r µēšī ŠÔg- • ' àÀ £p ^a Tµ }IY?	1. t• pµ- ² }IY 2. tGpµ ^a - ŠāN 3. tF^q' ā^N	
508	£L -L V ' à¿ £· nT ^¶ · ¿, à}r EM- T· ITqq• N£¿ r N¿ }IY? /Št¿- I F'' L G^ ''uFG/	1. tG G 2. ÖGN 3. £Mē ¶I G° ā t<ml é• v 4. £W^ Ôg ^a „}r 5. ^T L ° dN I F 6. Üi Y 6. £ ^{1a} ...v · Ör 7. t^µ- ® L ^a ÔY 8. ŠÁr L gN I F 9. I ^½q I L qEG 10. I µ¿šn I L qEG 11. EiF <E ''µEÒ	
509	£L -L V ' à¿ £· nT ^¶ · ¿, à}r \éÖÖL ā ¿®N p° i L ' ā }IY?	1. t• p° i MōtEAā 2. tGp° dNŠāN	

521	I ŠēC pēšī ^Y^• ' ' N 1 ^a f• ^Y. œ~ġ EL ŠFŠG ¼Tr t-Yμ" G?	1. t• 2. tF ^a T. ġN	
522	E' ġ®v ŠšēC IÖr ēNir 1 ^a f• ġ t^T. š' ā ' gEā? <' e Nġ CG pēšī? -----	1. t' āgEAā 2. tF' āi N 3. tF^q' ā^N	
523	E\isv ŠšēC IÖr ^Y. œ~ pŠ^s ' āgG? <' d Nġ CG pēšī? -----	1. ' āgG 2. t ' āi N 3. tF^q' ā^N	
524	E\isv ŠšēC IÖr ' āY± pŠ^s ' āgG?	1. t• ' āgG 2. t ' i N	
525	EF''f' ā ¼ h L G\ā t• ŠD} ^ġr pēšī?	1. tġ- pēšī 2. AāEr pēšī 3. ŠAāEr pēšī IF'' 4. EiF <E ''° d^ -----	
526	' āY± ŠpŠ\p - ġμpf/IW\ā }' ā ' ''^ ^ġ«ē' » q^o ēp ^a Tμ }' ā?	1. ^ġ«ē' » q^o ēp ^a Tμ 2. - ġμpf/IW\ā/	
527	' āY± ēpŠ\p' ā ^ġ«ē' » q^o ŠD} ' āY±' āġ ēÖDL ' ā Mġ }' ā?	1. ^W\ā 2. I° ī~ mEL ā D Š° ī~ M~ŠG ' āĀ 3. I L ġ. ^r ē° ī~ M~ŠG 4. I· G ē° ī~ M~ŠG 5. ē° ī~ mEL ā mGD} \ ' ā 6. EiF <E ''° d^	
528	ētmfSY I bq '' r ' āgG?	1. Zn,, t ' āi N 2. tġ- pēšī 3. AāEr pēšī 4. ŠAāEr pēšī IF'' 5. EiF <E ''° d^ -----	
529	I r«Y ' ^¼ ēMē U ŠD} Šr«Y ' āĀ ē' \ēn 1 ^a f tE•r?	1. t• tE,, 2. ēE,, N	
530.	EF''f' ā ¼ h L G\ā t• ŠD} ġ®N ē° dMEā?	1. t• ^° dMEAā 2. tG° dNN	
531	ġ®N ēMP dL ā ŠD} AāGpēšī I rēEG /^FαF'' mE' L L V L PTr/ ''° dMEā?	1. t• ^° dMEAā 2. tG° dNN	
532	Šŋnu ' āĀ IÖDL ār · ġ, ā}r pēšī ġ®N Gp° dL ār ENġ- }' ā?	1. ġ®N ^FG œŠā 2. · ġ, ā}pġ - ġμpf I L D}ā 3. ġ®N I t<ml ē vġ mEL U 4. ġ®N EL · >r ' ā- I L D}ā 5. ġ®N L ° dN ^EMG' - 6. 1 ^a fS ġ®N L ° dN ^EM'' ' - 7. t° gdL āġ ^EMF' āi 8. EiF <E ''° d^ ----	

ÆUG 6:- Æ· nT^¶ · ¸, à}âr t- Yµ' à EM|' àe fPš¶ ¼|h

p.e	¼ h	L G^	-
	<p>ÆpE ¤ ' »sv Æ· nT ^¶ · ¸, à}âr FEM-T· ÆpE ¤ NÆ¸ sv " Wt" G:: ^Y^• ¸</p> <p>l pL EŠp rÆEG fD}' à Êr f' à }' à?</p>		
601	Æ· nT ^¶ · ¸, à}âr EM-T· tGpš¶-AàN?	<p>1. ^}¸ " L EŠq G</p> <p>2. ^}¸ t" L EŠr N</p> <p>3. tF' ài N</p>	
602	Š¶nu lÖr Æ· nT ^¶ · ¸, à}âr M-T· ÖÖO ^Cpr }' à?	<p>1. ^}¸ " L EŠq G</p> <p>2. ^}¸ t" L EŠr N</p> <p>3. tF' ài N</p>	
603	tT· >EAà /¹ªfŠ qT· >Ev nŠ ^ENÔW	<p>1. ^}¸ " L EŠq G</p> <p>2. ^}¸ t" L EŠr N</p> <p>3. tF' ài N</p>	
604	tiv t" Bê ^~ EiEøv ÊtmFšY l bq· v " " ŠáfG nŠ ^ÖWEAà	<p>1. ^}¸ " L EŠq G</p> <p>2. ^}¸ t" L EŠr N</p> <p>3. tF' ài N</p>	
605	'ªÖr ^FE' à Ê' \èn C"" r• ÊMè i «èr N¸- }' à?	<p>1. ^^Š ¶nu L j Êr</p> <p>2. ^^Š dEl r d¸</p> <p>L j Êr</p> <p>3. ¹ªf ^^ŠMµ„ - T^</p> <p>L j Êr</p> <p>4. L j Êr tGÔG· N</p>	
606	l EiEøv \· v Æ· nT ^¶ · ¸, à}âr EM-T· Á ~ ^ÆpÔ° Tn„ }' à nE' à ^mEà?	<p>1. Á ~ tEn„</p> <p>2. Á ~ fEn„ N</p>	
607	Á ~ ^ÆpÔ° Tn• ŠD} Á ~' à ÊMðL »' à ŠM¸ }' à?	<p>1. ŠÜi Y ¹ªf</p> <p>2. ŠEiEøv ¹ª...v</p> <p>3. Št^pMV</p> <p>4. ŠšL -</p> <p>5. Šr/lîr ' Á <Eà ^W</p> <p>ŠÔpj' »sv</p> <p>6. Š}µ¬• v</p> <p>7. EiF <E ""µEð -----</p>	
608	tAà¸ mEàl r C"" r Æ· nT ^¶ · ¸, à}âr ^¸« ªYµà /^¸«éqdl à l " ~}r t^p" Ô% ªTµ' à N¸- }' à?	<p>1. lîp\ñ</p> <p>2. ¹ª...tð</p> <p>3. B""M pf L D}ð</p> <p>4. ^E tiv t" Bê E„</p>	

		^' ãdr 5. r NCYr lîpð 6. EiF < E ° d^	
609	^Y^• ç l pL EŠp ^ ^< Aãç NçN ð· nT ^¶ · ç, à}r m ª YmãN 'ª šē ° µ×ÕfG nE' à ðMē ^môt' à }µZv ðr...tj ~t' à?	1. tG G 2. ÖGN 3. ðMē ¶ G° à t<ml é• v 4. ðW^ Ôgª „ }r 5. ^Î L ° dN 6. Ûi Y 6. ð¹ª ...v · Ör 7. t^µ- ® Lª ÔY 8. Á r L gN 9. l ^½q L qEG 10. l µçšn L qEG 11. ðW\i tL E<Šr 12. EiF < E ° µEð -----	

ÆÜG 7:- ð' \én d^gb }µZv L ° dNç l pL EŠp ð' » ¼|h

p.e	¼ h	L G^	-
701	ŠšēC lÖr ' \én d^gb }µZvç pL GÆp' à ' àgEã?	1. t' àgEAã 2. tF' ài N	
702	' \én d^gb }µZvç l L ° L V ær l ðr f' à ^ - Mð }' à?	l -----tL pð	
703	mEÖr 6 ' Wr ' \én d^gb ðHãÚv/ÖGOvç pL GÆp" G?	1. t• 2. tFEããN	
704	EF° f' à ¼ h L G\ã t• ŠD} Nç CG µéšî?	1. l' Y 1 µéšî 2. l]Nçr 1 µéšî 3. l]Nçr 2-4 µéšî 4. l ðd}ã 5. EiF < E ° µEð -----	
705	l L ¾Ta µéšî ðpL EŠp r ~ ' \én d^gb Î AãÛ Nç- }' à?	1. ¶ šî» 2. L Î Hîr 3. L Î HÛ 4. ÖGN 5. Ús 6. EiF < E ° d^ -----	
706	^ }šēCç ' \én d^gb Î AãÛv ðMē µ, àr ŠËr }' à?	1. Šl îr	

		2. Šr/lîr 3. Š\îr 1 ^a f 4. Š' ě- 1 ^a f 5. ŠL Î J Ûr lîr 6. EiF < E "µEÎ -----	
707	I^Y^• . Nr ^}šēCĉ ' \ēn d^gb }µZv L ° dN IC'' r • F'' p0^ ^ L » }' ð?	1. L » G 2. † L » N	
708	†ĉ«ĉ- ' »sv EÜFµq t' â mGq' e \• v@ ŠL - ' "N ^- M t' â ŠÛ mEâ \• v É' \ēn rĉ] "aY^mt" G:: "C I^Y^• F'' aY_ ' âgG?	1. †• ' âgG 2. † ' i N	
709	EF'' f ¼ h L G^• †• ŠD} IMĉ?	-----	
710	ŠF'' Ép° d\ ' â É' \ēn rĉ] Š^T\ n• Nĉ CG µéŠî }IY?	1. I»N †GÚ †GÚ 2. †ĉ«ĉ- µéŠî 3. †n>f' âĉ µéŠî 4. EiF < E "° d^ -----	

ÆÜG 8:- É^} p" G® †µG· Eør ^~ ^Y^ IY^ . ě, â}rĉ

I pL EŠp:-

p.e	¼ h	L G^	-
801	^E ^} p" G®~ ^E ' \ēn L T± ÉMē µ, âr ŠÉr }' ð? /Š†ĉ- IF'' L G^ "uFG/	1. Šlîr 2. Šr/lîr 3. I· G IMĉIn 4. ŠX«ē© 5. ŠpEîBÿĉ 6. Š^N}r oq•v 7. EiF < E "° d^ -----	
802	^} ' \ēnĉ I pL EŠp nšâ µéŠî ' â'' r ÉMē ^a Yµâr ŠMĉ ¶IY }' ð? /Š†ĉ- IF'' L L E^ "uFG/	1. Š~r 2. Š†mr 3. Š' ě- N 4. Š^Cr 5. ŠŠL - 6. Š1 ^a f 7. ŠÛi Tf 8. ŠmG/ŠMê^r 9. Š° î~ mEO 10. ŠB'' M r L V 11. Š†\G» „ 12. EiF < E "° d^ -----	
803	I^Y_~ I lip\ n• L < ŠG †Aâĉ É' âĉ	1. I»N ¼U	

	<p>Ê^Er p^Er · ħ, ðîr ^~ dTîq ^ħ-r ``µGðîq G?</p>	<p>2. ¼U 3. L ¼Ú 4. I » N L ¼Ú</p>	
804	<p>I^Y^•~ Ir NCYr Iîr • L < ŠG E' ħ Ê^Ep ^Er · ħ, ðîr ^ħ-r ``µGðîq G?</p>	<p>1. I » N ¼U 2. ¼U 3. L ¼Ú 4. I » N L ¼Ú</p>	
805	<p>I r/Iîr E' ħ Ê' i pĵ Êr NCYs ħ ngr • ħ /^aT±• ħ/ ^ħ-r ``µGðîq G?</p>	<p>1. I » N µø œ 2. L < ŠEf 3. \}Û</p>	
806	<p>I r NCYr IîqvAî Ê^} p" G® ° î~ ^} ' \én ħ I pL EŠp tµE· Eør ``\» G?</p>	<p>1. †• ``\» G 2. †``\¼N</p>	
807	<p>I r/IîqvAî ^EMÆ° â Ê^} p" G® ° î~e^}' \énœÊtív †`` Bê ti- ^ tµG· Eør a^pf }• r?</p>	<p>1. †• ^a^pf }„ 2. †``^aEAîN</p>	
808	<p>\•v Êtív †`` Bê NYL W EM- T· ÊMîvEîl r ħ ÊL L YL V oq • v ' ħgEî?</p>	<p>1. †• †' ħgEAî 2. †F' âi N</p>	
809	<p>ÊMê ' âe ŠD} ^Y_ ÊMê ' âer Êr E' ħ }' â?</p>	<p>1. I L ħ· ^r Ê° î~ pkMr E' ħ 2. Ê· G Ê° î~ pkMr E' ħ 3. L ħ· ^q" i mGD}î - Y³sv E' ħ 4. EiF < E ``° d^ -----</p>	
810	<p>' î° îpĵ M' i †GÔG· N:: ŠŠêC IÖr Êtív †`` Bê NYL W †- Yµ' â ' ħgEî?</p>	<p>1. †' ħgEAî 2. †F' âi N</p>	
811	<p>L ¾Ta ÊpL TL Ur L tî }' â?</p>	<p>1. mEÖr 12 ' Wr ' â^¼ 2. Š1-2 †L r mE' â µēŠi 3. Š2 -L r IF``</p>	
812	<p>ŠŠêC IÖr Êtív †`` Bê NYL W †- Yµ' â <' e NYL W' â Êp\W' â Êr }' â?</p>	<p>1. I L ħ· ^r Ê° î~ pkN 2. I· G Ê° î~ pkN 3. L ħ· ^q" i mGD} - Y³sv 4. EiF < E ``° d^ -----</p>	
813	<p>ÊL ¾Ta' ħ NYL W ^aTµîl r NÊĸ r Nĸ- }' â?</p>	<p>1. tív †`` Bê ^ħ«En„ ~ ^ħ^aEêEn„ EM' i 2. Š^{1a}fŠ ¶ŸY · ħ, ðîr ŠL ~ L X IÖr 3. I †<mîê v ħ }Ÿ tµG· Eør ^EMÆ¼ 4. r/Iîqv ħ Êtív †`` Bê NÊY~ NYL W ^EMÆ¼ 6. ^{1a}fŠ ^F^µ^aa „</p>	

		7. EiF < E ``µE0 -----	
814	' ð° îpĵ M' i †GÔG· N:: ^Y^• £NYL W ' ° îr• ĵ \Np" G?	1. †• \NuEAâ 2. †G\MAâN	
815	£†iv †'' Bê NYL W IŠĉC IÖr <FªTµâ N£ĵ r• Nĵ- }' ð?	1. £r ^ĵªMÂW ^EMF' âi 2. ^- MİS †'' Ôi - G„N 3. ^ENÔW 4. †F\nŠâ r N 5. L L YL V! oq £EN 6. µĵšn £E„N 7. EiF < E ``µE0 -----	

Elâ- ħ ' ' ' r EdTlâ ¼ ħ•v

1. ApWvĥĥ IpL EŠp Etîv t'' Bê tî- ^ L pFEÖĭ L ĥμ®v EDĵâr Er...tĵ
~t' ĩ?
2. q«μē•v~ ' »svĥ IpL EŠp Štîv t'' Bê ^ĥ«é° Ie ''T«Eâ EMĤŏt' â
Er...tĵ Š→•v ~t' ĩ?
3. ŠF'' Šp° d\âr EL ŠFŠĭ L ĥμ®v I'' ~}r I AâEpƒ °T± r/lîr EMĤMU
pMV•v ''° i MEâ EMĤâr Erƒ' â }' ĩ?
4. Ei - L ħĭnu Ê· nT Rħĭ · ĥ, â}r Ir/lîqvAâ Nĥ ĭCG }' â nE' â ĭ^mEâ?
5. ' »r pMV•v Ê· nT Rħĭ · ĥ, â}r ^ĥ«éĭ °Yμâ EMĥ××t' â }μZv Nĥ- ĥ
~t' â nE' â ĭ^mEâ?
6. IrNJYr lîr ĭEâ ' »svĥ ' ° · nT Rħĭ · ĥ, â}r EMĤL U t<ml éĭ'' ĭ
p0~ •v Nĥ- ~t' ĩ?
7. Ê· nT Rħĭ · ĥ, â}r EMĥĭ °Yμâ ' »sv ĥ®N Nĥ ĭCG ''° dMEâ?
8. Ê· nT Rħĭ · ĥ, â}r EMĥĭ °Yμâ ' »sv ĥ®N ^ĥ«é° dL â ' ''N ^ĥ«''° dL â
EMĥĭ °Yħĭt' â NĖĥĭr Nĥ- }' â ?
9. Ir/lîqvAâ ^E ^} p'' G® ^~ ^} ' \én EMĤ¼ rNCYr tE?
10. EF''ƒ' â ¼ ħ L G\â t• ŠD} I tμG· Eøpĵ °^pƒ }•r?
11. EF''ƒ' â ¼ ħ L G^• t'' °EN ŠD} Nĥ L °T· tElr ''FEâ?

Question guide for focus group discussion for
(students ,teachers ,youth clubs)

1. What are the modes of HIV transmission relevant to our country?
2. What are the important methods of preventing HIV/AIDS in Adolescents and youths?
3. Which preventive methods do you think is very effective in preventing HIV in high school students?
4. How frequent do you think premarital sexual practice in your school areas?
5. What are the reasons why students involve in premarital sexual intercourse?
6. What are the risk settings exposing in-school youth to pre-marital sex around your school?
7. To what extent do you think that people of your age take risks of any sort during sex?
8. How frequent do you think the sexually active students use condoms?
9. What are the factors involved in use/non use of condoms?
10. Are happy with the RH education given in your area?
12. How can we improve the RH service around schools?

Declaration

I, the undersigned declare that this thesis is my original work in partial fulfillment of the requirement for the degree of Master of Public Health. I also declare that it has never been presented in this or any other university and that all resources and materials used in the thesis have been duly acknowledged.

Student Name: _____

Signature: _____

Place of submission: _____

Date of submission: _____

This thesis has been submitted for examination with my approval as a university advisor.

Advisor Name: _____

Signature: _____

Date of submission: _____